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Chopra et al.

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(54) **METHODS FOR TREATING CANCER USING COMBINATION THERAPY**

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(21) Appl. No.: **14/268,439**

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Related U.S. Application Data

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(51) **Int. Cl.**

A61K 31/517 (2006.01)

A61K 31/505 (2006.01)

A61K 39/395 (2006.01)

(52) **U.S. Cl.**

CPC **A61K 31/505** (2013.01); **A61K 31/517** (2013.01); **A61K 39/3955** (2013.01)

(58) **Field of Classification Search**

USPC 514/266.22

See application file for complete search history.

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(57) **ABSTRACT**

Provided herein are methods for treating or preventing a cancer, comprising administering an effective amount of a substituted quinazolinone compound and an effective amount of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide to a patient having a cancer.

22 Claims, 7 Drawing Sheets

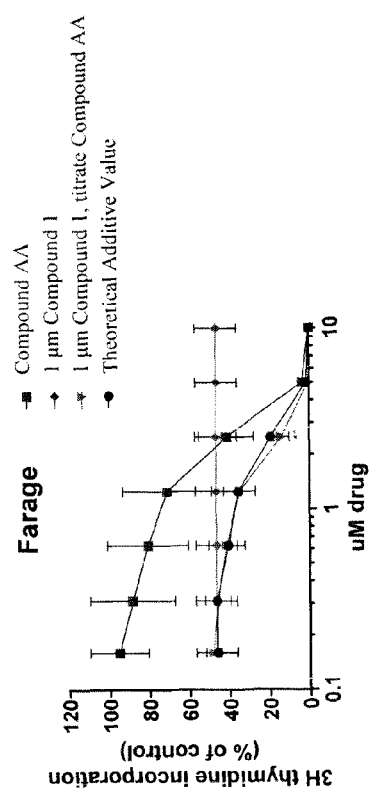


FIG. 1B

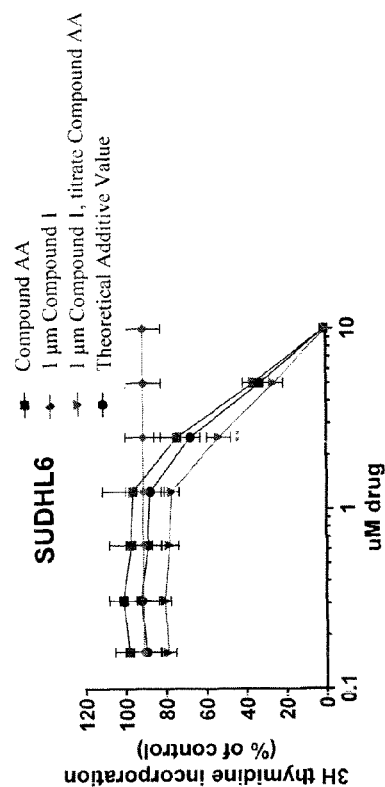


FIG. 1D

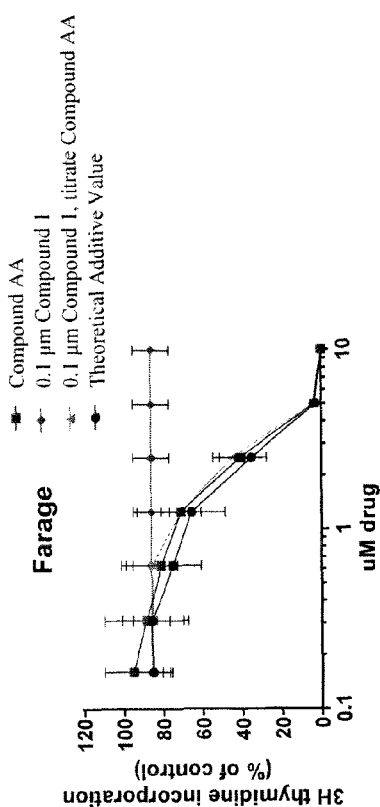


FIG. 1A

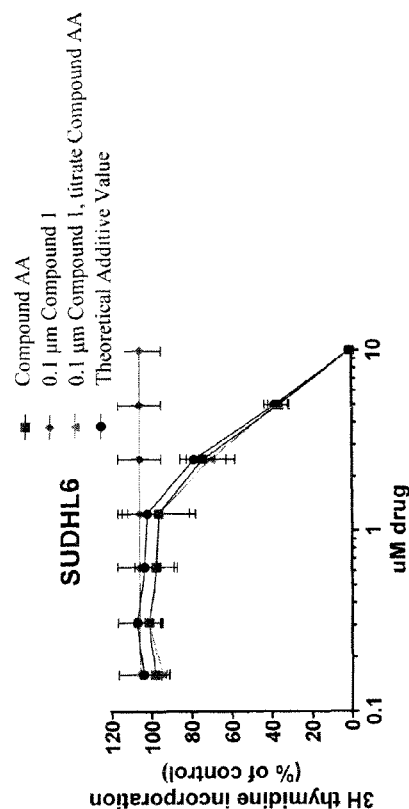


FIG. 1C

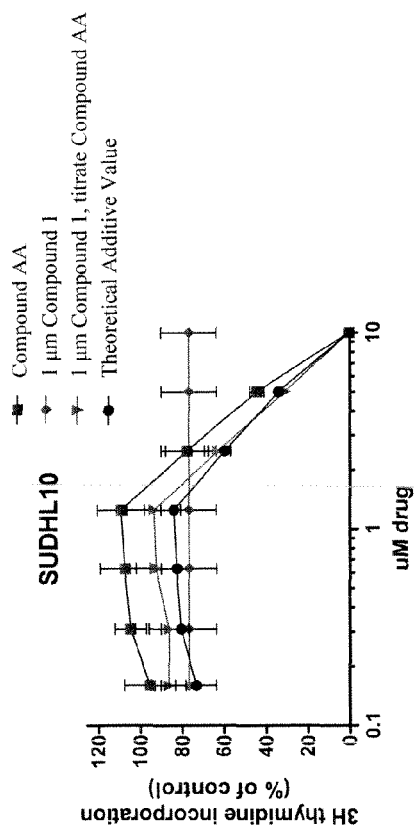


FIG. 1F

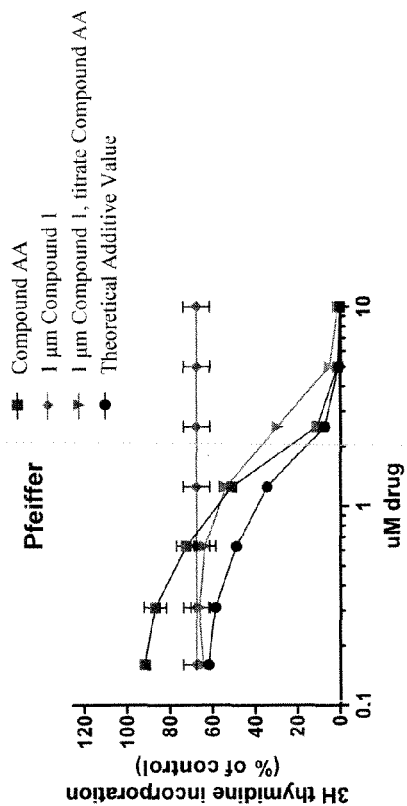


FIG. 1H

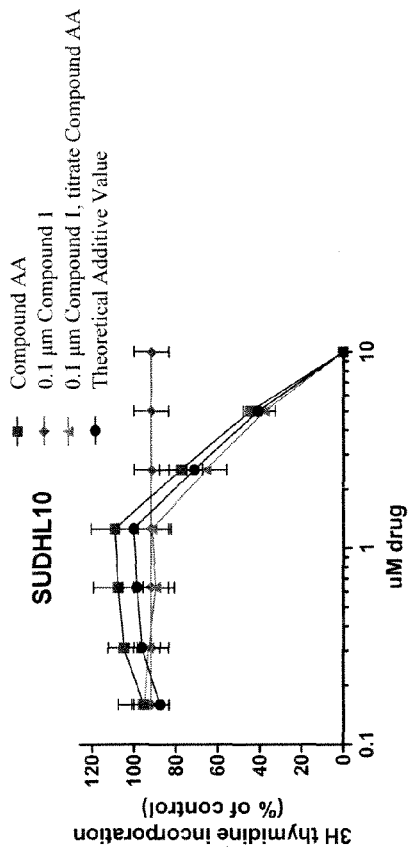


FIG. 1E

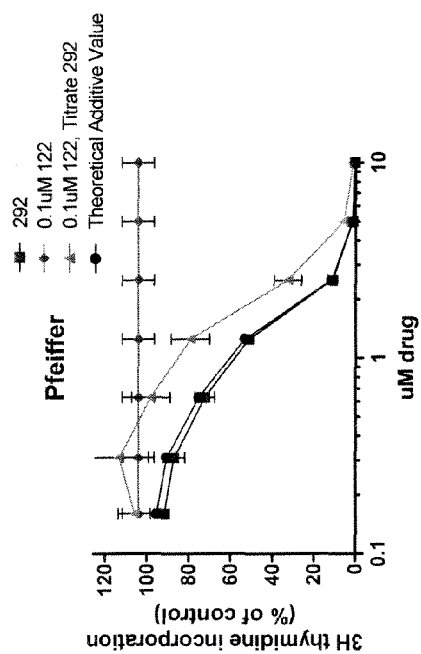


FIG. 1G

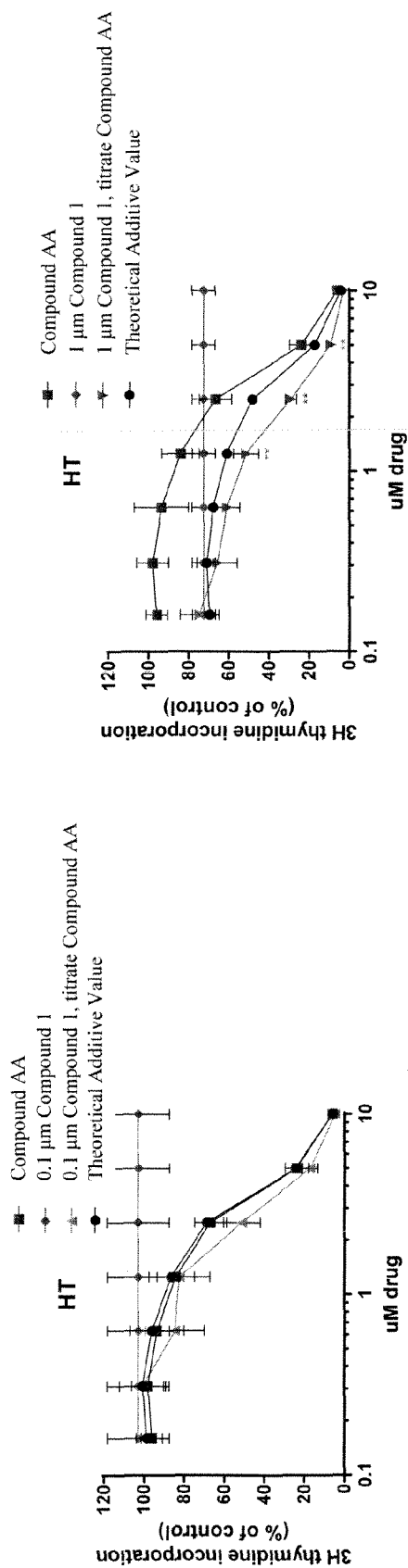


FIG. 1I

FIG. 1J

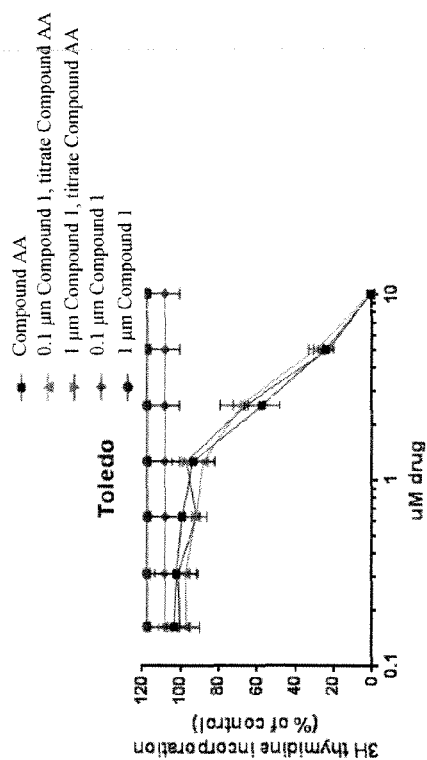


FIG. 1K

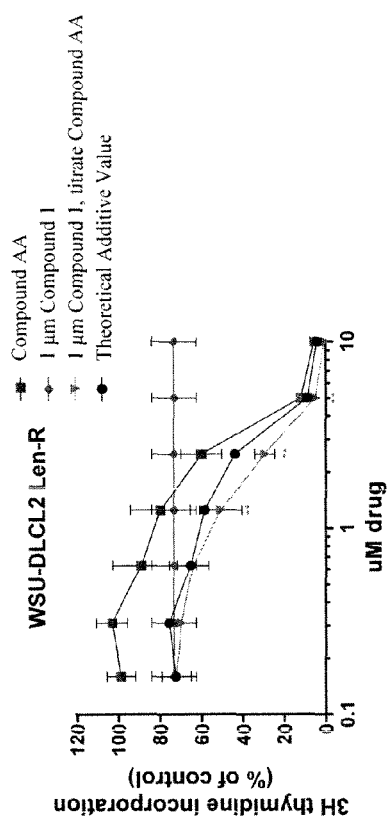


FIG. 2A

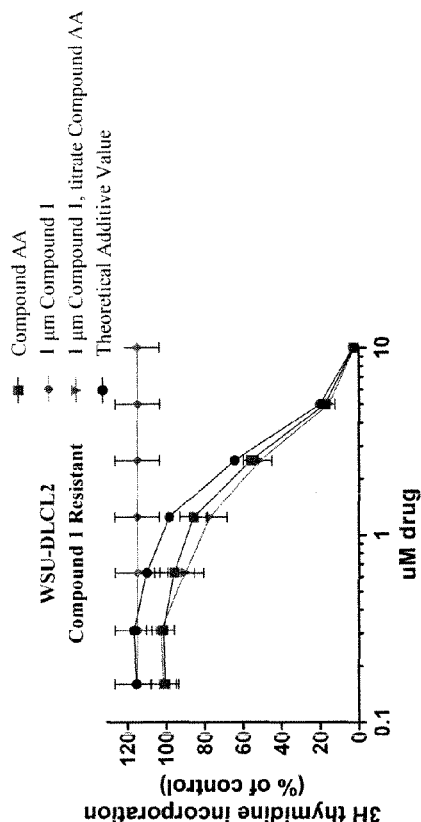


FIG. 2B

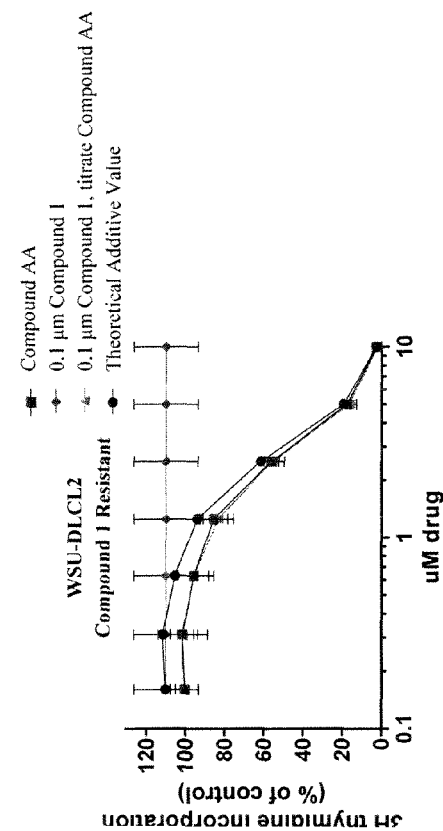


FIG. 2C

FIG. 2D

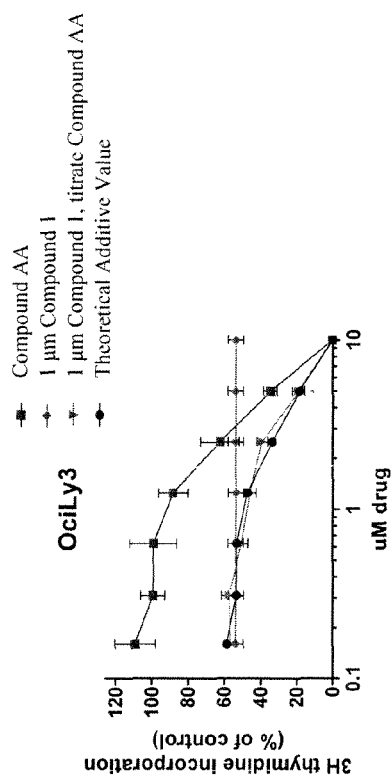


FIG. 3A

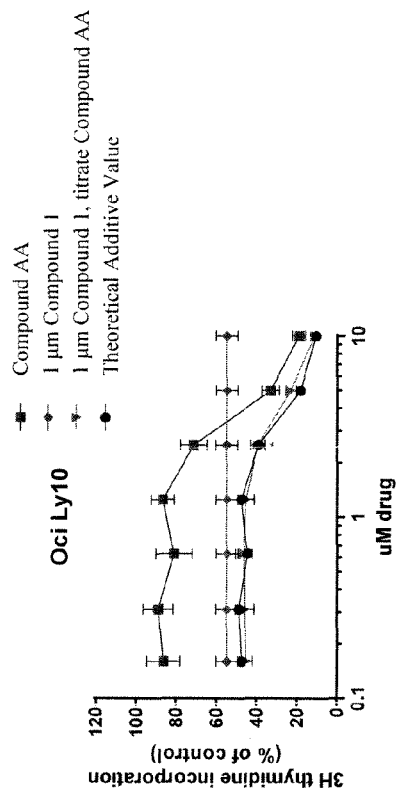


FIG. 3B

FIG. 3D

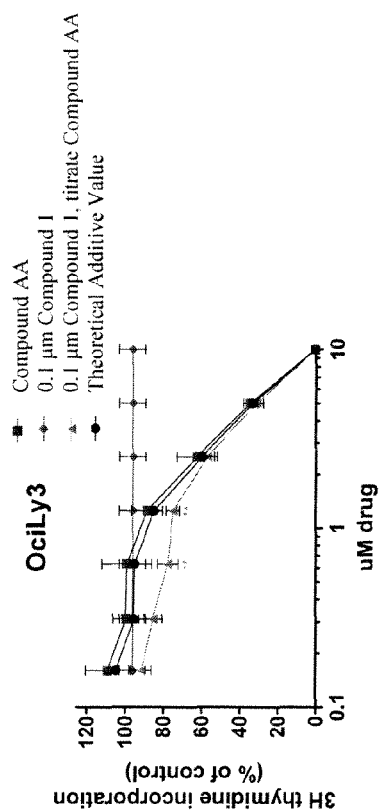
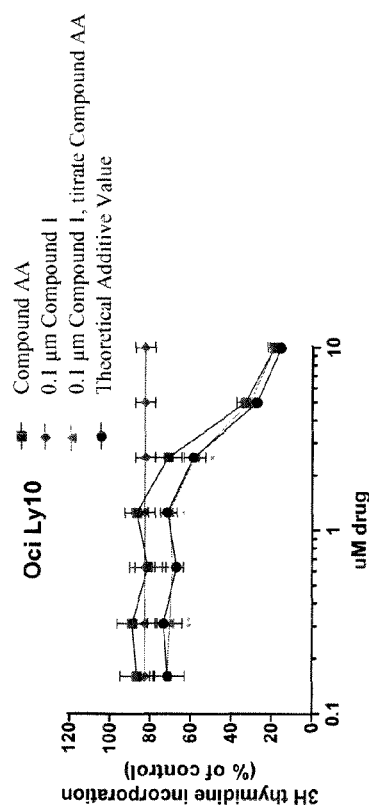


FIG. 3C



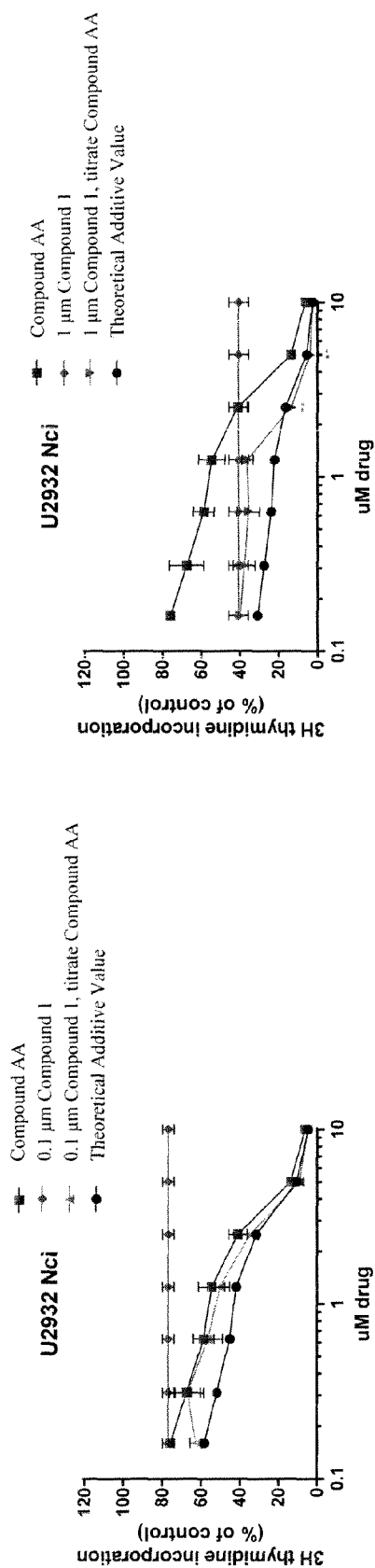


FIG. 3E

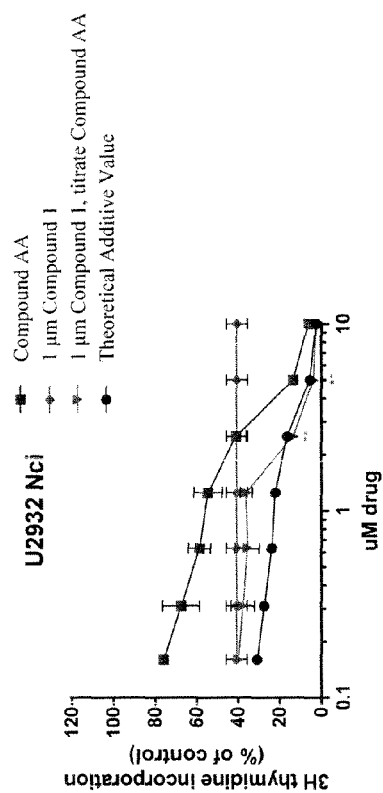


FIG. 3F

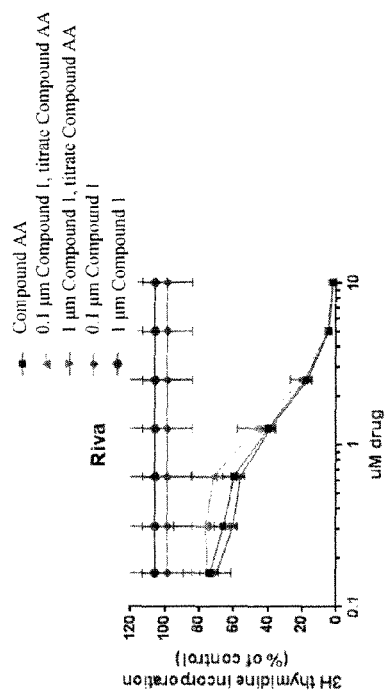


FIG. 3G

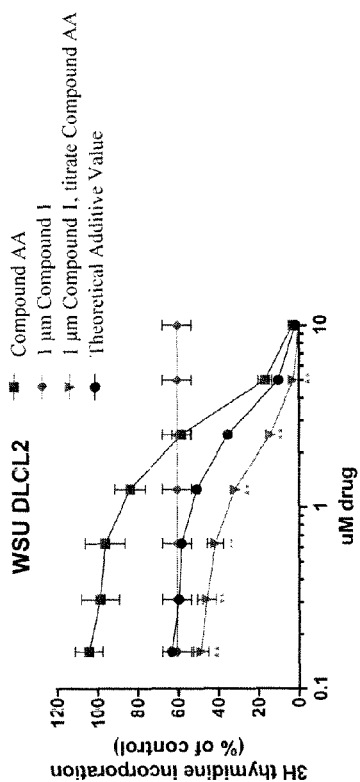


FIG. 4B

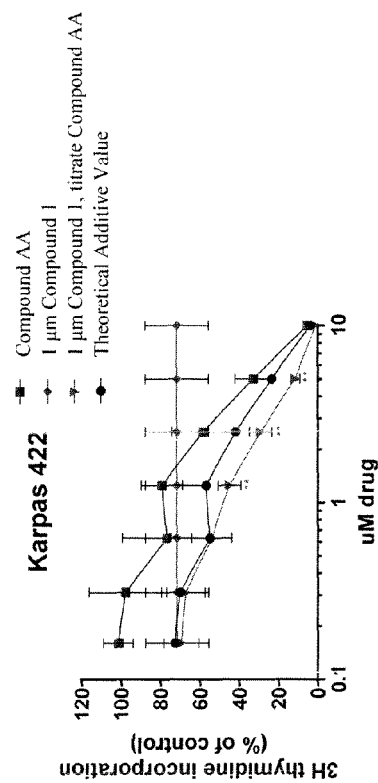


FIG. 4D

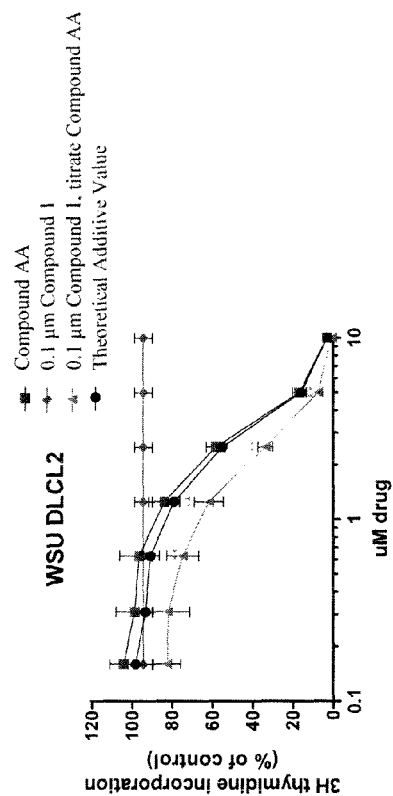


FIG. 4A

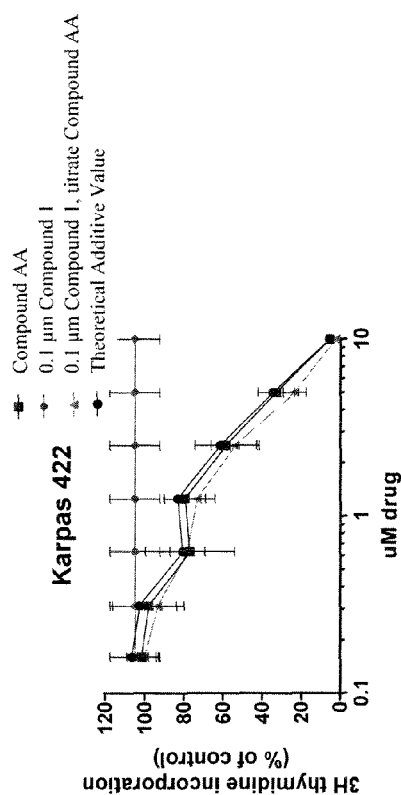


FIG. 4C

METHODS FOR TREATING CANCER USING COMBINATION THERAPY

1. CROSS-REFERENCE TO RELATED APPLICATIONS

This application claims the benefit of priority to U.S. Provisional Patent Application Ser. No. 61/819,384, filed May 3, 2013, and U.S. Provisional Patent Application Ser. No. 61/908,635, filed Nov. 25, 2013, the disclosures of which are incorporated by reference herein in their entirety.

2. FIELD

Provided herein are methods for treating or preventing a cancer comprising administering an effective amount of a substituted quinazolinone compound and an effective amount of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide to a patient having a cancer.

3. BACKGROUND

DNA-dependent protein kinase (DNA-PK) is a serine/threonine kinase involved in the repair of DNA double strand breaks (DSBs). DSBs are considered to be the most lethal DNA lesion and occur endogenously or in response to ionizing radiation and chemotherapeutics (for review see Jackson, S. P., Bartek, J. The DNA-damage response in human biology and disease. *Nature Rev* 2009; 461:1071-1078). If left unrepaired, DSBs will lead to cell cycle arrest and/or cell death (Hoeijmakers, J. H. J. Genome maintenance mechanisms for preventing cancer. *Nature* 2001; 411: 366-374; van Gent, D. C., Hoeijmakers, J. H., Kanaar, R. Chromosomal stability and the DNA double-stranded break connection. *Nat Rev Genet* 2001; 2: 196-206). In response to the insult, cells have developed complex mechanisms to repair such breaks and these mechanisms may form the basis of therapeutic resistance. There are two major pathways used to repair DSBs, non-homologous end joining (NHEJ) and homologous recombination (HR). NHEJ brings broken ends of the DNA together and rejoins them without reference to a second template (Collis, S. J., DeWeese, T. L., Jeggo P. A., Parker, A. R. The life and death of DNA-PK. *Oncogene* 2005; 24: 949-961). In contrast, HR is dependent on the proximity of the sister chromatid which provides a template to mediate faithful repair (Takata, M., Sasaki, M. S., Sonoda, E., Morrison, C., Hashimoto, M., Utsumi, H., et al. Homologous recombination and non-homologous end-joining pathways of DNA double-strand break repair have overlapping roles in the maintenance of chromosomal integrity in vertebrate cells. *EMBO J* 1998; 17: 5497-5508; Haber, J. E. Partners and pathways repairing a double-strand break. *Trends Genet* 2000; 16: 259-264). NHEJ repairs the majority of DSBs. In NHEJ, DSBs are recognized by the Ku protein that binds and then activates the catalytic subunit of DNA-PK. This leads to recruitment and activation of end-processing enzymes, polymerases and DNA ligase IV (Collis, S. J., DeWeese, T. L., Jeggo P. A., Parker, A. R. The life and death of DNA-PK. *Oncogene* 2005; 24: 949-961). NHEJ is primarily controlled by DNA-PK and thus inhibition of DNA-PK is an attractive approach to modulating the repair response to exogenously induced DSBs. Cells deficient in components of the NHEJ pathway are defective in DSB repair and highly sensitive to ionizing radiation and topoisomerase poisons (reviewed by Smith, G. C. M., Jackson, S. P. The DNA-dependent protein kinase. *Genes Dev* 1999; 13: 916-934; Jeggo, P. A., Caldecott, K., Pidsley, S., Banks, G. R.

Sensitivity of Chinese hamster ovary mutants defective in DNA double strand break repair to topoisomerase II inhibitors. *Cancer Res* 1989; 49: 7057-7063). A DNA-PK inhibitor has been reported to have the same effect of sensitizing cancer cells to therapeutically induced DSBs (Smith, G. C. M., Jackson, S. P. The DNA-dependent protein kinase. *Genes Dev* 1999; 13: 916-934).

Bruton's tyrosine kinase (BTK) is a non-receptor tyrosine kinase with restricted cellular expression largely limited to B-lymphocytes, monocytes, and mast cells or basophils. BTK is a critical component of the B-cell receptor (BCR) signaling network and is crucial for B-cell development. Investigation has revealed that some B-cell malignancies, including B-cell non-Hodgkin lymphomas, depend on BCR signaling, suggesting that interruption of such signaling could be a promising therapeutic opportunity. Recently, clinical anti-tumor responses in various B-cell non-Hodgkin lymphoma (B-NHL) and CLL/SLL have been reported with agents that inhibit spleen tyrosine kinase (SYK) and BTK, both components of the BCR signaling pathway.

Recent preclinical research has shown that BTK is an important signaling protein in the pathway for lymphomagenesis, especially in certain types of DLBCL. Recent clinical research has further shown that both lenalidomide and certain BTK inhibitors exhibit activity in DLBCL and MCL.

The protein Cereblon (CRBN) is a 442-amino acid protein conserved from plant to human. In humans, the CRBN gene has been identified as a candidate gene of an autosomal recessive nonsyndromic mental retardation (ARNSMR). See Higgins, J. J. et al., *Neurology*, 2004, 63:1927-1931. CRBN was initially characterized as an RGS-containing novel protein that interacted with a calcium-activated potassium channel protein (SLO1) in the rat brain, and was later shown to interact with a voltage-gated chloride channel (CIC-2) in the retina with AMPK7 and DDB1. See Jo, S. et al., *J. Neurochem*, 2005, 94:1212-1224; Hohberger B. et al., *FEBS Lett*, 2009, 583:633-637; Angers S. et al., *Nature*, 2006, 443:590-593. DDB1 was originally identified as a nucleotide excision repair protein that associates with damaged DNA binding protein 2 (DDB2). Its defective activity causes the repair defect in the patients with xeroderma pigmentosum complementation group E (XPE). DDB1 also appears to function as a component of numerous distinct DCX (DDB1-CUL4-X-box) E3 ubiquitin-protein ligase complexes which mediate the ubiquitination and subsequent proteasomal degradation of target proteins. CRBN has also been identified as a target for the development of therapeutic agents for diseases of the cerebral cortex. See WO 2010/137547 A1.

Cereblon has recently been identified as a key molecular target that binds to thalidomide to cause birth defects. See Ito, T. et al., *Science*, 2010, 327:1345-1350. DDB1 was found to interact with CRBN and, thus, was indirectly associated with thalidomide. Moreover, thalidomide was able to inhibit auto-ubiquitination of CRBN in vitro, suggesting that thalidomide is an E3 ubiquitin-ligase inhibitor. Importantly, this activity was inhibited by thalidomide in wild-type cells, but not in cells with mutated CRBN binding sites that prevent thalidomide binding. The thalidomide binding site was mapped to a highly conserved C-terminal 104 amino acid region in CRBN. Individual point mutants in CRBN, Y384A and W386A were both defective for thalidomide binding, with the double point mutant having the lowest thalidomide-binding activity. A link between CRBN and the teratogenic effect of thalidomide was confirmed in animal models of zebra-fish and chick embryos. Understanding thalidomide and other drug targets will allow the definition of the molecular mecha-

nisms of efficacy and/or toxicity and may lead to drugs with improved efficacy and toxicity profiles.

Recently, certain novel quinazolinone compounds have been identified that have pleiotropic immunomodulatory, anti angiogenic and other anti-tumor effects. These compounds have been shown to have exceptional cereblon binding activity.

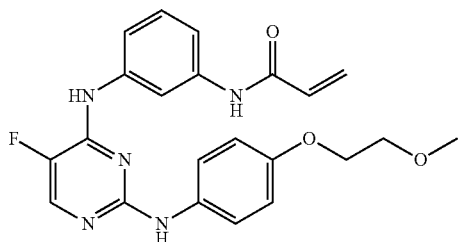
Despite availability of a variety of chemotherapeutic agents, chemotherapy has many drawbacks. Stockdale, *Medicine*, vol. 3, Rubenstein and Federman, eds., ch. 12, sect. 10, 1998. Almost all chemotherapeutic agents are toxic, and chemotherapy causes significant and often dangerous side effects including severe nausea, bone marrow depression, and immunosuppression. Additionally, even with administration of combinations of chemotherapeutic agents, many tumor cells are resistant or develop resistance to the chemotherapeutic agents. In fact, those cells resistant to the particular chemotherapeutic agents used in the treatment protocol often prove to be resistant to other drugs, even if those agents act by different mechanism from those of the drugs used in the specific treatment. This phenomenon is referred to as multi-drug resistance. Because of the drug resistance, many cancers prove refractory to standard chemotherapeutic treatment protocols.

There exists a significant need for safe and effective methods of treating, preventing and managing cancer, particularly for cancers that are refractory to standard treatments, such as surgery, radiation therapy, chemotherapy and hormonal therapy, while reducing or avoiding the toxicities and/or side effects associated with the conventional therapies.

Citation or identification of any reference in Section 2 of this application is not to be construed as an admission that the reference is prior art to the present application.

4. SUMMARY

Provided herein are methods for treating or preventing a cancer, comprising administering an effective amount of a substituted quinazolinone and an effective amount of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide:



or a pharmaceutically acceptable salt thereof (collectively referred to herein as "Compound AA"), to a patient having a cancer. In one embodiment, the besylate salt of Compound AA is used in the compositions and methods provided herein. In one embodiment, the free base of Compound AA is used in the compositions and methods provided herein.

In certain embodiments, provided herein are methods for achieving an International Workshop on Chronic Lymphocytic Leukemia (IWCLL) response definition of complete response (CR), complete response with incomplete marrow recovery (CRi), partial response (PR), or stable disease (SD) in a patient having chronic lymphocytic leukemia, compris-

ing administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a National Cancer Institute-sponsored Working Group on Chronic Lymphocytic Leukemia (NCI-WG CLL) response definition of complete response (CR), complete response with incomplete marrow recovery (CRi), partial response (PR) or stable disease (SD) in a patient having chronic lymphocytic leukemia, comprising administering an effective amount of a 5-substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving an International Workshop Criteria (IWC) for non-Hodgkin's lymphoma of complete response, partial response or stable disease in a patient having non-Hodgkin's lymphoma, comprising administering an effective amount of a 5-substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving an International Uniform Response Criteria (IURC) for multiple myeloma of complete response, partial response or stable disease in a patient having multiple myeloma, comprising administering an effective amount of a 5-substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Response Evaluation Criteria in Solid Tumors (for example, RECIST 1.1) of complete response, partial response or stable disease in a patient having a solid tumor, comprising administering an effective amount of a 5-quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Prostate Cancer Working Group 2 (PCWG2) Criteria of complete response, partial response or stable disease in a patient having prostate cancer, comprising administering an effective amount of a 5-substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Responses Assessment for Neuro-Oncology (RANO) Working Group for glioblastoma multiforme of complete response, partial response or stable disease in a patient having glioblastoma multiforme, comprising administering an effective amount of a 5-substituted quinazolinone compound in combination with Compound AA to said patient.

In certain embodiments, provided herein are methods for increasing survival without cancer progression of a patient having a cancer, comprising administering an effective amount of a substituted quinazolinone compound in combination with an effective amount of Compound AA to said patient.

In certain embodiments, the substituted quinazolinone compound is a compound as described herein.

The present embodiments can be understood more fully by reference to the detailed description and examples, which are intended to exemplify non-limiting embodiments.

5. BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1A depicts the synergistic decrease in cell viability in Farage cells treated with either Compound 1 or Compound AA alone, or a combination of 0.1 μ M Compound 1 and from 0.1 to 10 μ M Compound AA. Cell viability was measured using a 3 H-thymidine incorporation assay.

FIG. 1B depicts the synergistic decrease in cell viability in Farage cells treated with either Compound 1 or Compound AA alone, or a combination of 1 μ M Compound 1 and from

carbons or, in some embodiments, from 1 to 6, 1 to 4, or 2 to 6 or carbon atoms. Representative alkyl groups include -methyl, -ethyl, -n-propyl, -n-butyl, -n-pentyl and -n-hexyl; while saturated branched alkyls include -isopropyl, -sec-butyl, -isobutyl, -tert-butyl, -isopentyl, 2-methylpentyl, 3-methylpentyl, 4-methylpentyl, 2,3-dimethylbutyl and the like. Examples of unsaturated alkyl groups include, but are not limited to, vinyl, allyl, $-\text{CH}=\text{CH}(\text{CH}_3)$, $-\text{CH}=\text{C}(\text{CH}_3)_2$, $-\text{C}(\text{CH}_3)=\text{CH}_2$, $-\text{C}(\text{CH}_3)=\text{CH}(\text{CH}_3)$, $-\text{C}(\text{CH}_2\text{CH}_3)=\text{CH}_2$, $-\text{C}=\text{CH}$, $-\text{C}=\text{C}(\text{CH}_3)$, $-\text{C}=\text{C}(\text{CH}_2\text{CH}_3)$, $-\text{CH}_2\text{C}=\text{CH}$, $-\text{CH}_2\text{C}=\text{C}(\text{CH}_3)$ and $-\text{CH}_2\text{C}\equiv\text{C}(\text{CH}_2\text{CH}_3)$, among others. An alkyl group can be substituted or unsubstituted. In certain embodiments, when the alkyl groups described herein are said to be "substituted," they may be substituted with any substituent or substituents as those found in the exemplary compounds and embodiments disclosed herein, as well as halogen (chloro, iodo, bromo, or fluoro); hydroxyl; alkoxy; alkoxyalkyl; amino; alkylamino; carboxy; nitro; cyano; thiol; thioether; imine; imide; amidine; guanidine; enamine; aminocarbonyl; acylamino; phosphonate; phosphine; thiocarbonyl; sulfonyl; sulfone; sulfonamide; ketone; aldehyde; ester; urea; urethane; oxime; hydroxyl amine; alkoxyamine; aralkoxyamine; N-oxide; hydrazine; hydrazide; hydrazone; azide; isocyanate; isothiocyanate; cyanate; thiocyanate; $\text{B}(\text{OH})_2$, or $\text{O}(\text{alkyl})\text{aminocarbonyl}$.

An "alkenyl" group is a straight chain or branched non-cyclic hydrocarbon having from 2 to 10 carbon atoms, typically from 2 to 8 carbon atoms, and including at least one carbon-carbon double bond. Representative straight chain and branched (C_2 - C_9) alkenyls include -vinyl, -allyl, -1-butenyl, -2-butenyl, -isobutenyl, -1-pentenyl, -2-pentenyl, -3-methyl-1-butenyl, -2-methyl-2-butenyl, -2,3-dimethyl-2-butenyl, -1-hexenyl, -2-hexenyl, -3-hexenyl, -1-heptenyl, -2-heptenyl, -3-heptenyl, -1-octenyl, -2-octenyl, -3-octenyl and the like. The double bond of an alkenyl group can be unconjugated or conjugated to another unsaturated group. An alkenyl group can be unsubstituted or substituted.

A "cycloalkyl" group is a saturated, partially saturated, or unsaturated cyclic alkyl group of from 3 to 10 carbon atoms having a single cyclic ring or multiple condensed or bridged rings which can be optionally substituted with from 1 to 3 alkyl groups. In some embodiments, the cycloalkyl group has 3 to 8 ring members, whereas in other embodiments the number of ring carbon atoms ranges from 3 to 5, 3 to 6, or 3 to 7. Such cycloalkyl groups include, by way of example, single ring structures such as cyclopropyl, cyclobutyl, cyclopentyl, cyclohexyl, cycloheptyl, cyclooctyl, 1-methylcyclopropyl, 2-methylcyclopentyl, 2-methylcyclooctyl, and the like, or multiple or bridged ring structures such as adamantyl and the like. Examples of unsaturated cycloalkyl groups include cyclohexenyl, cyclopentenyl, cyclohexadienyl, butadienyl, pentadienyl, hexadienyl, among others. A cycloalkyl group can be substituted or unsubstituted. Such substituted cycloalkyl groups include, by way of example, cyclohexanone and the like.

An "aryl" group is an aromatic carbocyclic group of from 6 to 14 carbon atoms having a single ring (e.g., phenyl) or multiple condensed rings (e.g., naphthyl or anthryl). In some embodiments, aryl groups contain 6-14 carbons, and in others from 6 to 12 or even 6 to 10 carbon atoms in the ring portions of the groups. Particular aryls include phenyl, biphenyl, naphthyl and the like. An aryl group can be substituted or unsubstituted. The phrase "aryl groups" also includes groups containing fused rings, such as fused aromatic-aliphatic ring systems (e.g., indanyl, tetrahydronaphthyl, and the like).

A "heteroaryl" group is an aryl ring system having one to four heteroatoms as ring atoms in a heteroaromatic ring system, wherein the remainder of the atoms are carbon atoms. In some embodiments, heteroaryl groups contain 5 to 6 ring atoms, and in others from 6 to 9 or even 6 to 10 atoms in the ring portions of the groups. Suitable heteroatoms include oxygen, sulfur and nitrogen. In certain embodiments, the heteroaryl ring system is monocyclic or bicyclic. Non-limiting examples include but are not limited to, groups such as pyrrolyl, pyrazolyl, imidazolyl, triazolyl, tetrazolyl, oxazolyl, isoxazolyl, thiazolyl, pyrrolyl, pyridyl, pyridazinyl, pyrimidinyl, pyrazinyl, thiophenyl, benzothiophenyl, furanyl, benzofuranyl (for example, isobenzofuran-1,3-diimine), indolyl, azaindolyl (for example, pyrrolopyridyl or 1H-pyrrolo[2,3-b]pyridyl), indazolyl, benzimidazolyl (for example, 1H-benzo[d]imidazolyl), imidazopyridyl (for example, azabenzimidazolyl, 3H-imidazo[4,5-b]pyridyl or 1H-imidazo[4,5-b]pyridyl), pyrazolopyridyl, triazolopyridyl, benzotriazolyl, benzoxazolyl, benzothiazolyl, benzothiadiazolyl, isoxazolopyridyl, thianaphthalenyl, purinyl, xanthinyl, adeninyl, guaninyl, quinolinyl, isoquinolinyl, tetrahydroquinolinyl, quinoxalinyl, and quinazolinyl groups.

A "heterocyclyl" is an aromatic (also referred to as heteroaryl) or non-aromatic cycloalkyl in which one to four of the ring carbon atoms are independently replaced with a heteroatom from the group consisting of O, S and N. In some embodiments, heterocyclyl groups include 3 to 10 ring members, whereas other such groups have 3 to 5, 3 to 6, or 3 to 8 ring members. Heterocyclyls can also be bonded to other groups at any ring atom (i.e., at any carbon atom or heteroatom of the heterocyclic ring). A heterocyclylalkyl group can be substituted or unsubstituted. Heterocyclyl groups encompass unsaturated, partially saturated and saturated ring systems, such as, for example, imidazolyl, imidazolyl and imidazolidinyl groups. The phrase heterocyclyl includes fused ring species, including those comprising fused aromatic and non-aromatic groups, such as, for example, benzotriazolyl, 2,3-dihydrobenzo[1,4]dioxinyl, and benzo[1,3]dioxolyl. The phrase also includes bridged polycyclic ring systems containing a heteroatom such as, but not limited to, quinuclidyl. Representative examples of a heterocyclyl group include, but are not limited to, aziridinyl, azetidiny, pyrrolidinyl, imidazolidinyl, pyrazolidinyl, thiazolidinyl, tetrahydrothiophenyl, tetrahydrofuranly, dioxolyl, furanyl, thiophenyl, pyrrolyl, pyrrolinyl, imidazolyl, imidazolyl, pyrazolyl, pyrazolinyl, triazolyl, tetrazolyl, oxazolyl, isoxazolyl, thiazolyl, thiazolinyl, isothiazolyl, thiadiazolyl, oxadiazolyl, piperidyl, piperazinyl, morpholinyl, thiomorpholinyl, tetrahydropyranly (for example, tetrahydro-2H-pyranly), tetrahydrothiopyranly, oxathiane, dioxyl, dithianyl, pyranly, pyridyl, pyrimidinyl, pyridazinyl, pyrazinyl, triazinyl, dihydropyridyl, dihydrodithiinyl, dihydrodithionyl, homopiperazinyl, quinuclidyl, indolyl, indolinyl, isoindolyl, azaindolyl (pyrrolopyridyl), indazolyl, indoliziny, benzotriazolyl, benzimidazolyl, benzofuranly, benzothiophenyl, benzthiazolyl, benzoxadiazolyl, benzoxazinyl, benzodithiinyl, benzoxathiinyl, benzothiazinyl, benzoxazolyl, benzothiazolyl, benzothiadiazolyl, benzo[1,3]dioxolyl, pyrazolopyridyl, imidazopyridyl (azabenzimidazolyl; for example, 1H-imidazo[4,5-b]pyridyl, or 1H-imidazo[4,5-b]pyridin-2(3H)-onyl), triazolopyridyl, isoxazolopyridyl, purinyl, xanthinyl, adeninyl, guaninyl, quinolinyl, isoquinolinyl, quinoliziny, quinoxalinyl, quinazolinyl, cinnolinyl, phthalazinyl, naphthyridinyl, pteridinyl, thianaphthalenyl, dihydrobenzothiazinyl, dihydrobenzofuranly, dihydroindolyl, dihydrobenzodioxinyl, tetrahydroindolyl, tetrahydroindazolyl, tetrahydrobenzimidazolyl, tetrahydrobenzotriazolyl, tetrahy-

dropyrrolopyridyl, tetrahydropyrazolopyridyl, tetrahydroimidazopyridyl, tetrahydrotriazolopyridyl, and tetrahydroquinolinyl groups. Representative substituted heterocyclyl groups may be mono-substituted or substituted more than once, such as, but not limited to, pyridyl or morpholinyl groups, which are 2-, 3-, 4-, 5-, or 6-substituted, or disubstituted with various substituents such as those listed below.

A "cycloalkylalkyl" group is a radical of the formula: -alkyl-cycloalkyl, wherein alkyl and cycloalkyl are defined above. Substituted cycloalkylalkyl groups may be substituted at the alkyl, the cycloalkyl, or both the alkyl and the cycloalkyl portions of the group. Representative cycloalkylalkyl groups include but are not limited to cyclopentylmethyl, cyclopentylethyl, cyclohexylmethyl, cyclohexylethyl, and cyclohexylpropyl. Representative substituted cycloalkylalkyl groups may be mono-substituted or substituted more than once.

An "aralkyl" group is a radical of the formula: -alkyl-aryl, wherein alkyl and aryl are defined above. Substituted aralkyl groups may be substituted at the alkyl, the aryl, or both the alkyl and the aryl portions of the group. Representative aralkyl groups include but are not limited to benzyl and phenethyl groups and fused (cycloalkylaryl)alkyl groups such as 4-ethyl-indanyl.

A "heterocyclylalkyl" group is a radical of the formula: -alkyl-heterocyclyl, wherein alkyl and heterocyclyl are defined above. Substituted heterocyclylalkyl groups may be substituted at the alkyl, the heterocyclyl, or both the alkyl and the heterocyclyl portions of the group. Representative heterocyclylalkyl groups include but are not limited to 4-ethyl-morpholinyl, 4-propylmorpholinyl, furan-2-yl methyl, furan-3-yl methyl, pyridine-3-yl methyl, (tetrahydro-2H-pyran-4-yl)methyl, (tetrahydro-2H-pyran-4-yl)ethyl, tetrahydrofuran-2-yl methyl, tetrahydrofuran-2-yl ethyl, and indol-2-yl propyl.

A "halogen" is fluorine, chlorine, bromine or iodine.

A "hydroxyalkyl" group is an alkyl group as described above substituted with one or more hydroxy groups.

An "alkoxy" group is —O-(alkyl), wherein alkyl is defined above.

An "alkoxyalkyl" group is -(alkyl)-O-(alkyl), wherein alkyl is defined above.

An "amino" group is a radical of the formula: —NH₂.

An "alkylamino" group is a radical of the formula: —NH-alkyl or —N(alkyl)₂, wherein each alkyl is independently as defined above.

A "carboxy" group is a radical of the formula: —C(O)OH.

An "aminocarbonyl" group is a radical of the formula: —C(O)N(R[#])₂, —C(O)NH(R[#]) or —C(O)NH₂, wherein each R[#] is independently a substituted or unsubstituted alkyl, cycloalkyl, aryl, aralkyl, heterocyclyl or heterocyclyl group as defined herein.

An "acylamino" group is a radical of the formula: —NHC(O)(R[#]) or —N(alkyl)C(O)(R[#]), wherein each alkyl and R[#] are independently as defined above.

An "alkylsulfonylamino" group is a radical of the formula: —NHSO₂(R[#]) or —N(alkyl)SO₂(R[#]), wherein each alkyl and R[#] are defined above.

A "urea" group is a radical of the formula: —N(alkyl)C(O)N(R[#])₂, —N(alkyl)C(O)NH(R[#]), —N(alkyl)C(O)NH₂, —NHC(O)N(R[#])₂, —NHC(O)NH(R[#]), or —NH(CO)NHR[#], wherein each alkyl and R[#] are independently as defined above.

When the groups described herein, with the exception of alkyl group are said to be "substituted," they may be substituted with any appropriate substituent or substituents. Illustrative examples of substituents are those found in the exemplary compounds and embodiments disclosed herein, as well

as halogen (chloro, iodo, bromo, or fluoro); alkyl; hydroxyl; alkoxy; alkoxyalkyl; amino; alkylamino; carboxy; nitro; cyano; thiol; thioether; imine; imide; amidine; guanidine; enamine; aminocarbonyl; acylamino; phosphonato; phosphine; thiocarbonyl; sulfonyl; sulfone; sulfonamide; ketone; aldehyde; ester; urea; urethane; oxime; hydroxyl amine; alkoxyamine; aralkoxyamine; N-oxide; hydrazine; hydrazide; hydrazone; azide; isocyanate; isothiocyanate; cyanate; thiocyanate; oxygen (=O); B(OH)₂, O(alkyl)aminocarbonyl; cycloalkyl, which may be monocyclic or fused or non-fused polycyclic (e.g., cyclopropyl, cyclobutyl, cyclopentyl, or cyclohexyl), or a heterocyclyl, which may be monocyclic or fused or non-fused polycyclic (e.g., pyrrolidyl, piperidyl, piperazinyl, morpholinyl, or thiazinyl); monocyclic or fused or non-fused polycyclic aryl or heteroaryl (e.g., phenyl, naphthyl, pyrrolyl, indolyl, furanyl, thiophenyl, imidazolyl, oxazolyl, isoxazolyl, thiazolyl, triazolyl, tetrazolyl, pyrazolyl, pyridinyl, quinolinyl, isoquinolinyl, acridinyl, pyrazinyl, pyridazinyl, pyrimidinyl, benzimidazolyl, benzothienophenyl, or benzofuranyl) aryloxy; aralkyloxy; heterocyclyloxy; and heterocyclyl alkoxy.

As used herein, the term "pharmaceutically acceptable salt(s)" refers to a salt prepared from a pharmaceutically acceptable non-toxic acid or base including an inorganic acid and base and an organic acid and base. Suitable pharmaceutically acceptable base addition salts include, but are not limited to metallic salts made from aluminum, calcium, lithium, magnesium, potassium, sodium and zinc or organic salts made from lysine, N,N'-dibenzylethylenediamine, chlorprocaine, choline, diethanolamine, ethylenediamine, meglumine (N-methylglucamine) and procaine. Suitable non-toxic acids include, but are not limited to, inorganic and organic acids such as acetic, alginate, anthranilic, benzenesulfonic or besylate, benzoic, camphorsulfonic, citric, ethanesulfonic, formic, fumaric, furoic, galacturonic, gluconic, glucuronic, glutamic, glycolic, hydrobromic, hydrochloric, isethionic, lactic, maleic, malic, mandelic, methanesulfonic, mucic, nitric, pantoic, pantothenic, phenylacetic, phosphoric, propionic, salicylic, stearic, succinic, sulfanilic, sulfuric, tartaric acid, and p-toluenesulfonic acid. Specific non-toxic acids include hydrochloric, hydrobromic, phosphoric, sulfuric, and methanesulfonic acids. Examples of specific salts thus include hydrochloride and mesylate salts. Others are well-known in the art, see for example, *Remington's Pharmaceutical Sciences*, 18th eds., Mack Publishing, Easton Pa. (1990) or *Remington: The Science and Practice of Pharmacy*, 19th eds., Mack Publishing, Easton Pa. (1995).

As used herein and unless otherwise indicated, the term "clathrate" means a substituted quinazolinone compound, or a salt thereof, in the form of a crystal lattice that contains spaces (e.g., channels) that have a guest molecule (e.g., a solvent or water) trapped within or a crystal lattice wherein a substituted quinazolinone compound is a guest molecule.

As used herein and unless otherwise indicated, the term "solvate" means a substituted quinazolinone compound, or a salt thereof, that further includes a stoichiometric or non-stoichiometric amount of a solvent bound by non-covalent intermolecular forces. In one embodiment, the solvate is a hydrate.

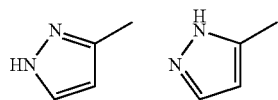
As used herein and unless otherwise indicated, the term "hydrate" means a substituted quinazolinone compound, or a salt thereof, that further includes a stoichiometric or non-stoichiometric amount of water bound by non-covalent intermolecular forces.

As used herein and unless otherwise indicated, the term "prodrug" means a substituted quinazolinone compound derivative that can hydrolyze, oxidize, or otherwise react

under biological conditions (in vitro or in vivo) to provide an active compound, particularly a substituted quinazolinone compound. Examples of prodrugs include, but are not limited to, derivatives and metabolites of a substituted quinazolinone compound that include biohydrolyzable moieties such as biohydrolyzable amides, biohydrolyzable esters, biohydrolyzable carbamates, biohydrolyzable carbonates, biohydrolyzable ureides, and biohydrolyzable phosphate analogues. In certain embodiments, prodrugs of compounds with carboxyl functional groups are the lower alkyl esters of the carboxylic acid. The carboxylate esters are conveniently formed by esterifying any of the carboxylic acid moieties present on the molecule. Prodrugs can typically be prepared using well-known methods, such as those described by *Burger's Medicinal Chemistry and Drug Discovery* 6th ed. (Donald J. Abraham ed., 2001, Wiley) and *Design and Application of Prodrugs* (H. Bundgaard ed., 1985, Harwood Academic Publishers GmbH).

As used herein and unless otherwise indicated, the term "stereoisomer" or "stereomerically pure" means one stereoisomer of a substituted quinazolinone compound that is substantially free of other stereoisomers of that compound. For example, a stereomerically pure compound having one chiral center will be substantially free of the opposite enantiomer of the compound. A stereomerically pure compound having two chiral centers will be substantially free of other diastereomers of the compound. A typical stereomerically pure compound comprises greater than about 80% by weight of one stereoisomer of the compound and less than about 20% by weight of other stereoisomers of the compound, greater than about 90% by weight of one stereoisomer of the compound and less than about 10% by weight of the other stereoisomers of the compound, greater than about 95% by weight of one stereoisomer of the compound and less than about 5% by weight of the other stereoisomers of the compound, or greater than about 97% by weight of one stereoisomer of the compound and less than about 3% by weight of the other stereoisomers of the compound. The substituted quinazolinone compounds can have chiral centers and can occur as racemates, individual enantiomers or diastereomers, and mixtures thereof. All such isomeric forms are included within the embodiments disclosed herein, including mixtures thereof. The use of stereomerically pure forms of such substituted quinazolinone compounds, as well as the use of mixtures of those forms are encompassed by the embodiments disclosed herein. For example, mixtures comprising equal or unequal amounts of the enantiomers of a particular substituted quinazolinone compound may be used in methods and compositions disclosed herein. These isomers may be asymmetrically synthesized or resolved using standard techniques such as chiral columns or chiral resolving agents. See, e.g., Jacques, J., et al., *Enantiomers, Racemates and Resolutions* (Wiley-Interscience, New York, 1981); Wilen, S. H., et al., *Tetrahedron* 33:2725 (1977); Eliel, E. L., *Stereochemistry of Carbon Compounds* (McGraw-Hill, NY, 1962); and Wilen, S. H., *Tables of Resolving Agents and Optical Resolutions* p. 268 (E. L. Eliel, Ed., Univ. of Notre Dame Press, Notre Dame, Ind., 1972).

"Tautomers" refers to isomeric forms of a compound that are in equilibrium with each other. The concentrations of the isomeric forms will depend on the environment the compound is found in and may be different depending upon, for example, whether the compound is a solid or is in an organic or aqueous solution. For example, in aqueous solution, pyrazoles may exhibit the following isomeric forms, which are referred to as tautomers of each other:



As readily understood by one skilled in the art, a wide variety of functional groups and other structures may exhibit tautomerism and all tautomers of the substituted quinazolinone compounds are within the scope of the present invention.

It should also be noted the substituted quinazolinone compounds can contain unnatural proportions of atomic isotopes at one or more of the atoms. For example, the compounds may be radiolabeled with radioactive isotopes, such as for example tritium (³H), iodine-125 (¹²⁵I), sulfur-35 (³⁵S), or carbon-14 (¹⁴C), or may be isotopically enriched, such as with deuterium (²H), carbon-13 (¹³C), or nitrogen-15 (¹⁵N). As used herein, an "isotopologue" is an isotopically enriched compound. The term "isotopically enriched" refers to an atom having an isotopic composition other than the natural isotopic composition of that atom. "Isotopically enriched" may also refer to a compound containing at least one atom having an isotopic composition other than the natural isotopic composition of that atom. The term "isotopic composition" refers to the amount of each isotope present for a given atom. Radiolabeled and isotopically enriched compounds are useful as therapeutic agents, e.g., cancer and inflammation therapeutic agents, research reagents, e.g., binding assay reagents, and diagnostic agents, e.g., in vivo imaging agents. All isotopic variations of the substituted quinazolinone compounds as described herein, whether radioactive or not, are intended to be encompassed within the scope of the embodiments provided herein. In some embodiments, there are provided isotopologues of the substituted quinazolinone compounds, for example, the isotopologues are deuterium, carbon-13, or nitrogen-15 enriched substituted quinazolinone compounds.

"Treating" as used herein, means an alleviation, in whole or in part, of a cancer or a symptom associated with a cancer, or slowing, or halting of further progression or worsening of those symptoms.

"Preventing" as used herein, means the prevention of the onset, recurrence or spread, in whole or in part, of a cancer, or a symptom thereof.

The term "effective amount" in connection with a substituted quinazolinone compound or Compound AA means an amount alone or in combination capable of alleviating, in whole or in part, a symptom associated with a cancer, or slowing or halting further progression or worsening of those symptoms, or treating or preventing a cancer in a subject having or at risk for having a cancer. The effective amount of the substituted quinazolinone compound or Compound AA, for example in a pharmaceutical composition, may be at a level that will exercise the desired effect; for example, about 0.005 mg/kg of a subject's body weight to about 100 mg/kg of a patient's body weight in unit dosage for both oral and parenteral administration.

The term "cancer" includes, but is not limited to, blood born tumors and solid tumors. Blood born tumors include lymphomas, leukemias and myelomas. Lymphomas and leukemias are malignancies arising among white blood cells. The term "cancer" also refers to any of various malignant neoplasms characterized by the proliferation of cells that can invade surrounding tissue and metastasize to new body sites. Both benign and malignant tumors are classified according to the type of tissue in which they are found. For example,

fibromas are neoplasms of fibrous connective tissue, and melanomas are abnormal growths of pigment (melanin) cells. Malignant tumors originating from epithelial tissue, e.g., in skin, bronchi, and stomach, are termed carcinomas. Malignancies of epithelial glandular tissue such as are found in the breast, prostate, and colon, are known as adenocarcinomas. Malignant growths of connective tissue, e.g., muscle, cartilage, lymph tissue, and bone, are called sarcomas. Through the process of metastasis, tumor cell migration to other areas of the body establishes neoplasms in areas away from the site of initial appearance. Bone tissues are one of the most favored sites of metastases of malignant tumors, occurring in about 30% of all cancer cases. Among malignant tumors, cancers of the lung, breast, prostate or the like are particularly known to be likely to metastasize to bone.

In the context of neoplasm, cancer, tumor growth or tumor cell growth, inhibition may be assessed by delayed appearance of primary or secondary tumors, slowed development of primary or secondary tumors, decreased occurrence of primary or secondary tumors, slowed or decreased severity of secondary effects of disease, arrested tumor growth and regression of tumors, among others. In the extreme, complete inhibition, is referred to herein as prevention or chemoprevention. In this context, the term "prevention" includes either preventing the onset of clinically evident neoplasia altogether or preventing the onset of a preclinically evident stage of neoplasia in individuals at risk. Also intended to be encompassed by this definition is the prevention of transformation into malignant cells or to arrest or reverse the progression of premalignant cells to malignant cells. This includes prophylactic treatment of those at risk of developing the neoplasia.

The term "refractory B-cell non-Hodgkin's lymphoma" as used herein is defined as B-cell non-Hodgkin's lymphoma which was treated with an anti-CD-20 antibody-containing regimen, for example rituximab-containing regimen, (i) without achieving at least a partial response to therapy or (ii) which progressed within 6 months of treatment.

The term "relapsed B-cell non-Hodgkin's lymphoma" as used herein is defined as B-cell non-Hodgkin's lymphoma which progressed after >6 months post-treatment with an anti-CD-20 antibody-containing regimen, for example rituximab-containing regimen, after achieving partial response or complete response to therapy.

A person of ordinary skill will appreciate that diseases characterized as "B-cell lymphoma" exist as a continuum of diseases or disorders. While the continuum of B-cell lymphomas is sometimes discussed in terms of "aggressive" B-cell lymphomas or "indolent" B-cell lymphomas, a person of ordinary skill will appreciate that a B-cell lymphoma characterized as indolent may progress and become an aggressive B-cell lymphoma. Conversely, an aggressive form of B-cell lymphoma may be downgraded to an indolent or stable form of B-cell lymphoma. Reference is made to indolent and aggressive B-cell lymphomas as generally understood by a person skilled in the art with the recognition that such characterizations are inherently dynamic and depend on the particular circumstances of the individual.

As used herein, and unless otherwise specified, the term "in combination with" includes the administration of two or more therapeutic agents simultaneously, concurrently, or sequentially within no specific time limits unless otherwise indicated. In one embodiment, a substituted quinazolinone compound is administered in combination with Compound AA. In one embodiment, a substituted quinazolinone compound is administered in combination with Compound AA and further in combination with an anti-CD20 antibody, for example, rituximab (Rituxan®, Biogen Idec/Genentech or

MabThera®, Hoffmann-La Roche). In one embodiment, the agents are present in the cell or in the subject's body at the same time or exert their biological or therapeutic effect at the same time. In one embodiment, the therapeutic agents are in the same composition or unit dosage form. In other embodiments, the therapeutic agents are in separate compositions or unit dosage forms. In certain embodiments, a first agent can be administered prior to (e.g., 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks before), essentially concomitantly with, or subsequent to (e.g., 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks after) the administration of a second therapeutic agent, or any combination thereof. For example, in one embodiment, the first agent can be administered prior to the second therapeutic agent, for e.g. 1 week. In another, the first agent can be administered prior to (for example 1 day prior) and then concomitant with the second therapeutic agent.

The terms "patient" and "subject" as used herein include an animal, including, but not limited to, an animal such as a cow, monkey, horse, sheep, pig, chicken, turkey, quail, cat, dog, mouse, rat, rabbit or guinea pig, in one embodiment a mammal, in another embodiment a human. In one embodiment, a "patient" or "subject" is a human having a cancer.

In the context of a cancer, inhibition may be assessed by inhibition of disease progression, inhibition of tumor growth, reduction of primary tumor, relief of tumor-related symptoms, inhibition of tumor secreted factors (including tumor secreted hormones, such as those that contribute to carcinoid syndrome), delayed appearance of primary or secondary tumors, slowed development of primary or secondary tumors, decreased occurrence of primary or secondary tumors, slowed or decreased severity of secondary effects of disease, arrested tumor growth and regression of tumors, increased Time To Progression (TTP), increased Progression Free Survival (PFS), increased Overall Survival (OS), among others. OS as used herein means the time from randomization until death from any cause, and is measured in the intent-to-treat population. TTP as used herein means the time from randomization until objective tumor progression; TTP does not include deaths. As used herein, PFS means the time from randomization until objective tumor progression or death. In one embodiment, PFS rates will be computed using the Kaplan-Meier estimates. In the extreme, complete inhibition, is referred to herein as prevention or chemoprevention. In this context, the term "prevention" includes either preventing the onset of clinically evident cancer altogether or preventing the onset of a preclinically evident stage of a cancer. Also intended to be encompassed by this definition is the prevention of transformation into malignant cells or to arrest or reverse the progression of premalignant cells to malignant cells. This includes prophylactic treatment of those at risk of developing a cancer.

In certain embodiments, the treatment of lymphoma may be assessed by the International Workshop Criteria (IWC) for non-Hodgkin lymphoma (NHL) (see Cheson B D, Pfistner B, Juweid, M E, et. al. Revised Response Criteria for Malignant Lymphoma. J. Clin. Oncol. 2007: (25) 579-586), using the response and endpoint definitions shown below:

Response	Definition	Nodal Masses	Spleen, liver	Bone Marrow
CR	Disappearance of all evidence of disease	(a) FDG-avid or PET positive prior to therapy; mass of any size permitted if PET negative (b) Variably FDG-avid or PET negative; regression to normal size on CT	Not palpable, nodules disappeared	Infiltrate cleared on repeat biopsy; if indeterminate by morphology, immunohistochemistry should be negative
PR	Regression of measurable disease and no new sites	≥50% decrease in SPD of up to 6 largest dominant masses; no increase in size of other nodes (a) FDG-avid or PET positive prior to therapy; one or more PET positive at previously involved site (b) Variably FDG-avid or PET negative; regression on CT	≥50% decrease in SPD of nodules (for single nodule in greatest transverse diameter); no increase in size of liver or spleen	Irrelevant if positive prior to therapy; cell type should be specified
SD	Failure to attain CR/PR or PD	(a) FDG-avid or PET positive prior to therapy; PET positive at prior sites of disease and no new sites on CT or PET (b) Variably FDG-avid or PET negative; no change in size of previous lesions on CT		
PD or relapsed disease	Any new lesion or increase by ≥50% of previously involved sites from nadir	Appearance of a new lesion(s) ≥1.5 cm in any axis, ≥50% increase in SPD of more than one node, or ≥50% increase in longest diameter of a previously identified node ≥1 cm in short axis Lesions PET positive if FDG-avid lymphoma or PET positive prior to therapy	≥50% increase from nadir in the SPD of any previous lesions	New or recurrent involvement

Abbreviations:

CR, complete remission;

FDG, [¹⁸F]fluorodeoxyglucose;

PET, positron emission tomography;

CT, computed tomography;

PR, partial remission;

SPD, sum of the product of the diameters;

SD, stable disease;

PD, progressive disease.

End point	Patients	Definition	Measured from
Primary			
Overall survival	All	Death as a result of any cause	Entry onto study
Progression-free survival	All	Disease progression or death as a result of any cause	Entry onto study
Secondary			
Event-free survival	All	Failure of treatment or death as result of any cause	Entry onto study
Time to progression	All	Time to progression or death as a result of lymphoma	Entry onto study
Disease-free survival	In CR	Time to relapse or death as a result of lymphoma or acute toxicity of treatment	Documentation of response
Response duration	In CR or PR	Time to relapse or progression	Documentation of response
Lymphoma-specific survival	All	Time to death as a result of lymphoma	Entry onto study

End point	Patients	Definition	Measured from
Time to next treatment	All	Time to new treatment	End of primary treatment

Abbreviations:

CR: complete remission;

PR: partial remission.

In one embodiment, the end point for lymphoma is evidence of clinical benefit. Clinical benefit may reflect improvement in quality of life, or reduction in patient symptoms, transfusion requirements, frequent infections, or other parameters. Time to reappearance or progression of lymphoma-related symptoms can also be used in this end point.

In certain embodiments, the treatment of CLL may be assessed by the International Workshop Guidelines for CLL (see Hallek M, Cheson B D, Catovsky D, et al. Guidelines for the diagnosis and treatment of chronic lymphocytic leukemia: a report from the International Workshop on Chronic Lymphocytic Leukemia updating the National Cancer Institute-Working Group 1996 guidelines. Blood, 2008; (111) 12: 5446-5456) using the response and endpoint definitions shown therein and in particular:

Parameter	CR	PR	PD
Group A			
Lymphadenopathy†	None >1.5 cm	Decrease ≥50%	Increase ≥50%
Hepatomegaly	None	Decrease ≥50%	Increase ≥50%
Splenomegaly	None	Decrease ≥50%	Increase ≥50%
Blood lymphocytes	<4000/μL	Decrease ≥50% from baseline	Increase ≥50% over baseline
Marrow‡	Normocellular, <30% lymphocytes, no B-lymphoid nodules. Hypocellular marrow defines CRi (5.1.6).	50% reduction in marrow infiltrate, or B-lymphoid nodules	
Group B			
Platelet count	>100 000/μL	>100 000/μL or increase ≥50% over baseline	Decrease of ≥50% from secondary to CLL
Hemoglobin	>11.0 g/dL	>11 g/dL or increase ≥50% over baseline	Decrease of >2 g/dL from secondary to CLL
Neutrophils‡	>1500/μL	>1500/μL, or >50% improvement over baseline	

Group A criteria define the tumor load; Group B criteria define the function of the hematopoietic system (or marrow).

CR (complete remission): all of the criteria have to be met, and patients have to lack disease-related constitutional symptoms; PR (partial remission): at least two of the criteria of group A plus one of the criteria of group B have to be met; SD is absence of progressive disease (PD) and failure to achieve at least a PR; PD: at least one of the above criteria of group A or group B has to be met. Sum of the products of multiple lymph nodes (as evaluated by CT scans in clinical trials, or by physical examination in general practice). These parameters are irrelevant for some response categories.

In certain embodiments, the treatment of multiple myeloma may be assessed by the International Uniform Response Criteria for Multiple Myeloma (IURC) (see Durie B G M, Harousseau J-L, Miguel J S, et al. International uniform response criteria for multiple myeloma. Leukemia,

2006; (10) 10: 1-7), using the response and endpoint definitions shown below:

Response Subcategory	Response Criteria ^a
sCR	CR as defined below plus Normal FLC ratio and Absence of clonal cells in bone marrow ^b by immunohistochemistry or immunofluorescence ^c
CR	Negative immunofixation on the serum and urine and Disappearance of any soft tissue plasmacytomas and <5% plasma cells in bone marrow ^b
VGPR	Serum and urine M-protein detectable by immunofixation but not on electrophoresis or 90% or

-continued

Response Subcategory	Response Criteria ^a
PR	greater reduction in serum M-protein plus urine M-protein level <100 mg per 24 h $\geq 50\%$ reduction of serum M-protein and reduction in 24-h urinary M-protein by $\geq 90\%$ or to <200 mg per 24 h If the serum and urine M-protein are unmeasurable, ^d a $\geq 50\%$ decrease in the difference between involved and uninvolved FLC levels is required in place of the M-protein criteria If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, $\geq 50\%$ reduction in plasma cells is required in place of M-protein, provided baseline bone marrow plasma cell percentage was $\geq 30\%$ In addition to the above listed criteria, if present at baseline, a $\geq 50\%$ reduction in the size of soft tissue plasmacytomas is also required
SD (not recommended for use as an indicator of response; stability of disease is best described by providing the time to progression estimates)	Not meeting criteria for CR, VGPR, PR or progressive disease

Abbreviations:

CR, complete response;

FLC, free light chain;

PR, partial response;

SD, stable disease;

sCR, stringent complete response;

VGPR, very good partial response;

^aAll response categories require two consecutive assessments made at anytime before the institution of any new therapy; all categories also require no known evidence of progressive or new bone lesions if radiographic studies were performed. Radiographic studies are not required to satisfy these response requirements;

^cConfirmation with repeat bone marrow biopsy not needed;

^dPresence/absence of clonal cells is based upon the κ/λ ratio. An abnormal κ/λ ratio by immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting presence of an abnormal clone is κ/λ of $>4:1$ or $<1:2$.

^eMeasurable disease defined by at least one of the following measurements: Bone marrow plasma cells $\geq 30\%$; Serum M-protein ≥ 1 g/dl (≥ 10 gm/l); Urine M-protein ≥ 200 mg/24 h; Serum FLC assay: Involved FLC level ≥ 10 mg/dl (≥ 100 mg/l); provided serum FLC ratio is abnormal.

In certain embodiments, the treatment of a cancer may be assessed by Response Evaluation Criteria in Solid Tumors (RECIST 1.1) (see Therasse P., et al. New Guidelines to Evaluate the Response to Treatment in Solid Tumors. J. of the National Cancer Institute; 2000; (92) 205-216 and Eisenhauer E. A., Therasse P., Bogaerts J., et al. New response evaluation criteria in solid tumours: Revised RECIST guideline (version 1.1). European J. Cancer; 2009; (45) 228-247). Overall responses for all possible combinations of tumor responses in target and non-target lesions with or without the appearance of new lesions are as follows:

Target lesions	Non-target lesions	New lesions	Overall response
CR	CR	No	CR
CR	Incomplete response/SD	No	PR
PR	Non-PD	No	PR
SD	Non-PD	No	SD
PD	Any	Yes or no	PD
Any	PD	Yes or no	PD
Any	Any	Yes	PD

CR = complete response

PR = partial response;

SD = stable disease; and

PD = progressive disease.

With respect to the evaluation of target lesions, complete response (CR) is the disappearance of all target lesions, partial response (PR) is at least a 30% decrease in the sum of the longest diameter of target lesions, taking as reference the baseline sum longest diameter, progressive disease (PD) is at least a 20% increase in the sum of the longest diameter of

target lesions, taking as reference the smallest sum longest diameter recorded since the treatment started or the appearance of one or more new lesions and stable disease (SD) is neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease, taking as reference the smallest sum longest diameter since the treatment started.

With respect to the evaluation of non-target lesions, complete response (CR) is the disappearance of all non-target lesions and normalization of tumor marker level; incomplete response/stable disease (SD) is the persistence of one or more non-target lesion(s) and/or the maintenance of tumor marker level above the normal limits, and progressive disease (PD) is the appearance of one or more new lesions and/or unequivocal progression of existing non-target lesions.

The procedures, conventions, and definitions described below provide guidance for implementing the recommendations from the Response Assessment for Neuro-Oncology (RANO) Working Group regarding response criteria for high-grade gliomas (Wen P., Macdonald, D R., Reardon, D A., et al. Updated response assessment criteria for highgrade gliomas: Response assessment in neuro-oncology working group. J Clin Oncol 2010; 28: 1963-1972). Primary modifications to the RANO criteria for Criteria for Time Point Responses (TPR) can include the addition of operational conventions for defining changes in glucocorticoid dose, and the removal of subjects' clinical deterioration component to focus on objective radiologic assessments. The baseline MRI scan is defined as the assessment performed at the end of the post-surgery rest period, prior to re-initiating compound treatment. The baseline MRI is used as the reference for assessing complete response (CR) and partial response (PR). Whereas, the small-

est SPD (sum of the products of perpendicular diameters) obtained either at baseline or at subsequent assessments will be designated the nadir assessment and utilized as the reference for determining progression. For the 5 days preceding any protocol-defined MRI scan, subjects receive either no glucocorticoids or are on a stable dose of glucocorticoids. A stable dose is defined as the same daily dose for the 5 consecutive days preceding the MRI scan. If the prescribed glucocorticoid dose is changed in the 5 days before the baseline scan, a new baseline scan is required with glucocorticoid use meeting the criteria described above. The following definitions will be used.

Measurable Lesions: Measurable lesions are contrast-enhancing lesions that can be measured bidimensionally. A measurement is made of the maximal enhancing tumor diameter (also known as the longest diameter, LD). The greatest perpendicular diameter is measured on the same image. The cross hairs of bidimensional measurements should cross and the product of these diameters will be calculated.

Minimal Diameter: T1-weighted image in which the sections are 5 mm with 1 mm skip. The minimal LD of a measurable lesion is set as 5 mm by 5 mm. Larger diameters may be required for inclusion and/or designation as target lesions. After baseline, target lesions that become smaller than the minimum requirement for measurement or become no longer amenable to bidimensional measurement will be recorded at the default value of 5 mm for each diameter below 5 mm. Lesions that disappear will be recorded as 0 mm by 0 mm.

Multicentric Lesions: Lesions that are considered multicentric (as opposed to continuous) are lesions where there is normal intervening brain tissue between the two (or more) lesions. For multicentric lesions that are discrete foci of enhancement, the approach is to separately measure each enhancing lesion that meets the inclusion criteria. If there is no normal brain tissue between two (or more) lesions, they will be considered the same lesion.

Nonmeasurable Lesions: All lesions that do not meet the criteria for measurable disease as defined above will be considered non-measurable lesions, as well as all nonenhancing and other truly nonmeasurable lesions. Nonmeasurable lesions include foci of enhancement that are less than the specified smallest diameter (i.e., less than 5 mm by 5 mm), nonenhancing lesions (e.g., as seen on T1-weighted post-contrast, T2-weighted, or fluid-attenuated inversion recovery (FLAIR) images), hemorrhagic or predominantly cystic or necrotic lesions, and leptomeningeal tumor. Hemorrhagic lesions often have intrinsic T1-weighted hyperintensity that could be misinterpreted as enhancing tumor, and for this reason, the pre-contrast T1-weighted image may be examined to exclude baseline or interval sub-acute hemorrhage.

At baseline, lesions will be classified as follows: Target lesions: Up to 5 measurable lesions can be selected as target lesions with each measuring at least 10 mm by 5 mm, representative of the subject's disease; Non-target lesions: All other lesions, including all nonmeasurable lesions (including mass effects and T2/FLAIR findings) and any measurable lesion not selected as a target lesion. At baseline, target lesions are to be measured as described in the definition for measurable lesions and the SPD of all target lesions is to be determined. The presence of all other lesions is to be documented. At all post-treatment evaluations, the baseline classification of lesions as target and non-target lesions will be maintained and lesions will be documented and described in a consistent fashion over time (e.g., recorded in the same order on source documents and eCRFs). All measurable and non-measurable lesions must be assessed using the same technique as at baseline (e.g., subjects should be imaged on the

same MRI scanner or at least with the same magnet strength) for the duration of the study to reduce difficulties in interpreting changes. At each evaluation, target lesions will be measured and the SPD calculated. Non-target lesions will be assessed qualitatively and new lesions, if any, will be documented separately. At each evaluation, a time point response will be determined for target lesions, non-target lesions, and new lesion. Tumor progression can be established even if only a subset of lesions is assessed. However, unless progression is observed, objective status (stable disease, PR or CR) can only be determined when all lesions are assessed.

Confirmation assessments for overall time point responses of CR and PR will be performed at the next scheduled assessment, but confirmation may not occur if scans have an interval of <28 days. Best response, incorporating confirmation requirements, will be derived from the series of time points.

In the extreme, complete inhibition, is referred to herein as prevention or chemoprevention. In this context, the term "prevention" includes either preventing the onset of clinically evident cancer altogether or preventing the onset of a preclinically evident stage of a cancer. Also intended to be encompassed by this definition is the prevention of transformation into malignant cells or to arrest or reverse the progression of premalignant cells to malignant cells. This includes prophylactic treatment of those at risk of developing a cancer.

A biological marker or "biomarker" is a substance whose detection indicates a particular biological state, such as, for example, the presence of cancer. In some embodiments, biomarkers can either be determined individually, or several biomarkers can be measured simultaneously.

In some embodiments, a "biomarker" indicates a change in the level of mRNA expression that may correlate with the risk or progression of a disease, or with the susceptibility of the disease to a given treatment. In some embodiments, the biomarker is a nucleic acid, such as a mRNA or cDNA.

In additional embodiments, a "biomarker" indicates a change in the level of polypeptide or protein expression that may correlate with the risk, susceptibility to treatment, or progression of a disease. In some embodiments, the biomarker can be a polypeptide or protein, or a fragment thereof. The relative level of specific proteins can be determined by methods known in the art. For example, antibody based methods, such as an immunoblot, enzyme-linked immunosorbent assay (ELISA), or other methods can be used.

The terms "cereblon" or "CRBN" and similar terms refers to the polypeptides ("polypeptides," "peptides" and "proteins" are used interchangeably herein) comprising the amino acid sequence any CRBN, such as a human CRBN protein (e.g., human CRBN isoform 1, GenBank Accession No. NP_057386; or human CRBN isoforms 2, GenBank Accession No. NP_001166953, each of which is herein incorporated by reference in its entirety), and related polypeptides, including SNP variants thereof. Related CRBN polypeptides include allelic variants (e.g., SNP variants); splice variants; fragments; derivatives; substitution, deletion, and insertion variants; fusion polypeptides; and interspecies homologs, which, in certain embodiments, retain CRBN activity and/or are sufficient to generate an anti-CRBN immune response.

As used herein, the term "cereblon-associated protein" or "CRBN-associated protein" refers to a protein that interacts with or binds to CRBN directly or indirectly. For example, the term refers to any protein that directly bind to cereblon, as well as any protein that is an indirect downstream effector of cereblon pathways. In certain embodiments, a "cereblon-associated protein" or "CRBN-associated protein" is a substrate of CRBN, for example, a protein substrate of the E3 ubiquitin ligase complex involving CRBN, or the down-

stream substrates thereof. In one embodiment, the CRBN-associated protein provided herein is a substrate of CRBN such as IKZF3, also known as "Aiolos," and/or IKZF1, also known as "Ikaros." In certain embodiments, a "cereblon-associated-protein" or "CRBN associated protein" is a binding protein of CRBN.

The term "CRBN antigen" refers to that portion of a CRBN polypeptide to which an antibody immunospecifically binds. A CRBN antigen also refers to an analog or derivative of a CRBN polypeptide or fragment thereof to which an antibody immunospecifically binds. A localized region on the surface of a CRBN antigen that is capable of eliciting an immune response is an CRBN "epitope." A region of a CRBN polypeptide contributing to an epitope may be contiguous amino acids of the polypeptide or the epitope may come together from two or more non-contiguous regions of the polypeptide. The epitope may or may not be a three-dimensional surface feature of the antigen.

As used herein, the term "antibody", or grammatical variations thereof (i.e., antibodies), refers to polypeptide(s) capable of binding to an epitope. In some embodiments, an antibody is a full-length antibody. In some embodiments, an antibody is less than full length (i.e., an antibody fragment) but includes at least one binding site. In some such embodiments, the binding site comprises at least one, and preferably at least two sequences with structure of antibody variable regions. In some embodiments, the term "antibody" encompasses any protein having a binding domain which is homologous or largely homologous to an immunoglobulin-binding domain. In particular embodiments, the term "antibody" encompasses polypeptides having a binding domain that shows at least 99% identity with an immunoglobulin-binding domain. In some embodiments, the antibody is any protein having a binding domain that shows at least 70%, at least 80%, at least 85%, at least 90% or at least 95% identity with an immunoglobulin-binding domain. Antibody polypeptides in accordance with the present invention may be prepared by any available means, including, for example, isolation from a natural source or antibody library, recombinant production in or with a host system, chemical synthesis, etc., or combinations thereof. In some embodiments, an antibody is monoclonal or polyclonal. In some embodiments, an antibody may be a member of any immunoglobulin class, including any of the human classes IgG, IgM, IgA, IgD and IgE. In certain embodiments, an antibody is a member of the IgG immunoglobulin class. In some embodiments, the term "antibody" refers to any derivative of an antibody that possesses the ability to bind to an epitope of interest. In some embodiments, an antibody fragment comprises multiple chains that are linked together, for example, by disulfide linkages. In some embodiments, an antibody is a human antibody. In some embodiments, an antibody is a humanized antibody. In some embodiments, humanized antibodies include chimeric immunoglobulins, immunoglobulin chains or antibody fragments (Fv, Fab, Fab', F(ab')₂ or other antigen binding subsequences of antibodies) that contain minimal sequence derived from non-human immunoglobulin. In some embodiments, humanized antibodies are human immunoglobulin (recipient antibody) in which residues from a complementary-determining region (CDR) of the recipient are replaced by residues from a CDR of a non-human species (donor antibody) such as mouse, rat or rabbit having the desired specificity, affinity and capacity. In particular embodiments, antibodies for use in the present invention bind to particular epitopes of CD20. In some embodiments, epitopes of CD20 to which anti-CD20

Blood 2008, 111(4): 2492), Rp5-L and Rp15-C (mimotopes of CD20) (Perosa et al., *J. Immunol.* 2009, 182:416-423), 182YCYSI185 (Binder et al., *Blood* 2006, 108(6): 1975-1978) and WEWTI (a mimic of 182YCYSI185) (Binder et al., *Blood* 2006, 108(6): 1975-1978). In some embodiments, an anti-CD20 antibody has a binding affinity (K_d) for an epitope of CD20 of less than 12 nM, less than 11 nM, less than 10 nM, less than 9 nM, less than 8 nM, less than 7 nM, less than 6 nM, less than 5 nM, less than 4 nM, less than 3 nM, less than 2 nM or less than 1 nM.

The terms "antibodies that immunospecifically bind to a CRBN antigen," "antibodies that immunospecifically bind to a CRBN epitope," "CRBN antibodies," "anti-CRBN antibodies" and analogous terms are also used interchangeably herein and refer to antibodies and fragments thereof, that specifically bind to a CRBN polypeptide, such as a CRBN antigen or epitope (e.g., peptide 65-76 human CRBN). The antibodies, including both modified antibodies (i.e., antibodies that comprise a modified IgG (e.g., IgG1) constant domain and unmodified antibodies (i.e., antibodies that do not comprise a modified IgG (e.g., IgG1) constant domain that specifically bind to a CRBN polypeptide. An antibody or a fragment thereof that immunospecifically binds to a CRBN antigen may be cross-reactive with related antigens. In certain embodiments, an antibody or a fragment thereof that immunospecifically binds to a CRBN antigen does not cross-react with other antigens. An antibody or a fragment thereof that immunospecifically binds to a CRBN antigen can be identified, for example, by immunoassays, BIAcore, or other techniques known to those of skill in the art. An antibody or a fragment thereof binds specifically to a CRBN antigen when it binds to a CRBN antigen with higher affinity than to any cross-reactive antigen as determined using experimental techniques, such as radioimmunoassays (RIA) and enzyme-linked immunosorbent assays (ELISAs). Typically a specific or selective reaction will be at least twice background signal or noise and more typically more than 10 times background. See, e.g., Paul, ed., 1989, *Fundamental Immunology* Second Edition, Raven Press, New York at pages 332-336 for a discussion regarding antibody specificity.

As used herein, the term "biosimilar" (for example, of an approved reference product/biological drug, such as a protein therapeutic, antibody, etc.) refers to a biologic product that is similar to the reference product based upon data derived from (a) analytical studies that demonstrate that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components; (b) animal studies (including the assessment of toxicity); and/or (c) a clinical study or studies (including the assessment of immunogenicity and pharmacokinetics or pharmacodynamics) that are sufficient to demonstrate safety, purity, and potency in one or more appropriate conditions of use for which the reference product is approved and intended to be used and for which approval is sought (e.g., that there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product).

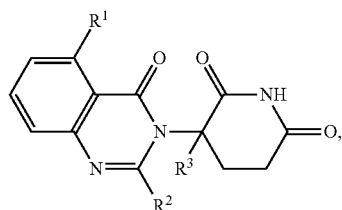
In some embodiments, the biosimilar biological product and reference product utilizes the same mechanism or mechanisms of action for the condition or conditions of use prescribed, recommended, or suggested in the proposed labeling, but only to the extent the mechanism or mechanisms of action are known for the reference product. In some embodiments, the condition or conditions of use prescribed, recommended, or suggested in the labeling proposed for the biological product have been previously approved for the reference product. In some embodiments, the route of admin-

25

istration, the dosage form, and/or the strength of the biological product are the same as those of the reference product. In some embodiments, the facility in which the biological product is manufactured, processed, packed, or held meets standards designed to assure that the biological product continues to be safe, pure, and potent, the reference product may be approved in at least one of the U.S., Europe, or Japan. A biosimilar can be for example, a presently known antibody having the same primary amino acid sequence as a marketed antibody, but may be made in different cell types or by different production, purification or formulation methods.

6.2 Substituted Quinazolinone Compounds

The compounds to be used in the methods and compositions provided herein in combination with Compound AA are collectively referred to herein as “substituted quinazolinone compound(s).” Specific substituted quinazolinone compounds provided herein include, but are not limited to, compounds such as those described in U.S. Pat. No. 7,635,700 and U.S. Patent Publication No. 2012/0230983, published Sep. 13, 2012, each of which is incorporated herein by reference in its entirety. In one embodiment, representative substituted quinazolinone compounds are of the formula (I):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R¹ is: hydrogen; halo; $-(CH_2)_nOH$; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or $-(CH_2)_nNHR^a$, wherein R^a is: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; $-(CH_2)_n$ -(6 to 10 membered aryl); $-C(O)-(CH_2)_n$ -(6 to 10 membered aryl) or $-C(O)-(CH_2)_n$ -(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; $-SCF_3$; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo; $-C(O)-(C_1-C_8)alkyl$, wherein the alkyl is optionally substituted with one or more halo; $-C(O)-(CH_2)_n-(C_3-C_{10}-cycloalkyl)$; $-C(O)-(CH_2)_n-NR^bR^c$, wherein R^b and R^c are each independently: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or 6 to 10 membered aryl, optionally substituted with one or more of: halo; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo; $-C(O)-(CH_2)_n-O-(C_1-C_6)alkyl$; or $-C(O)-(CH_2)_n-O-(CH_2)_n$ -(6 to 10 membered aryl);

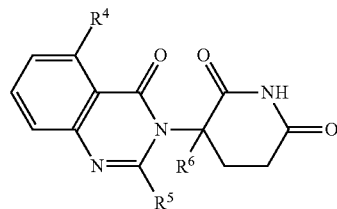
R² is: hydrogen; $-(CH_2)_nOH$; phenyl; $-O-(C_1-C_6)alkyl$; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R³ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

26

In one embodiment, representative substituted quinazolinone compounds are of the formula (II):



(II)

and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R⁴ is: hydrogen; halo; $-(CH_2)_nOH$; (C₁-C₆)alkyl, optionally substituted with one or more halo; or (C₁-C₆)alkoxy, optionally substituted with one or more halo;

R⁵ is: hydrogen; $-(CH_2)_nOH$; phenyl; $-O-(C_1-C_6)alkyl$; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R⁶ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R⁴ is hydrogen. In another embodiment, R⁴ is halo. In another embodiment, R⁴ is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R⁴ is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R⁴ is (C₁-C₆)alkoxy, optionally substituted with one or more halo.

In one embodiment, R⁵ is hydrogen. In another embodiment, R⁵ is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R⁵ is phenyl. In another embodiment, R⁵ is $-O-(C_1-C_6)alkyl$, optionally substituted with one or more halo. In another embodiment, R⁵ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R⁶ is hydrogen. In another embodiment, R⁶ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

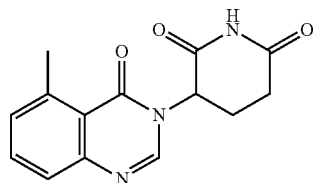
Compounds provided herein encompass any of the combinations of R⁴, R⁵, R⁶ and n described above.

In one specific embodiment, R⁴ is methyl. In another embodiment, R⁴ is methoxy. In another embodiment, R⁴ is $-CF_3$. In another embodiment, R⁴ is F or Cl.

In another specific embodiment, R⁵ is methyl. In another embodiment, R⁵ is $-CF_3$.

Specific examples of substituted quinazolinone compounds include, but are not limited to those from Table A:

TABLE A



27

TABLE A-continued

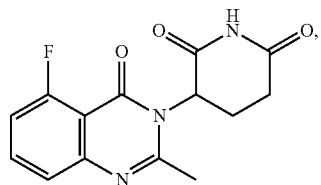
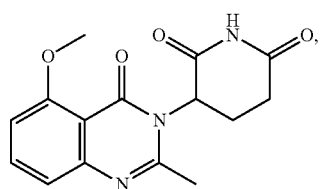
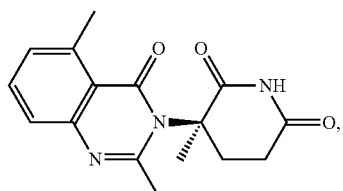
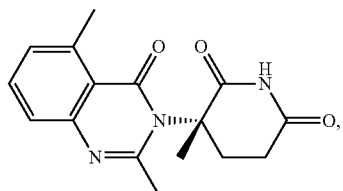
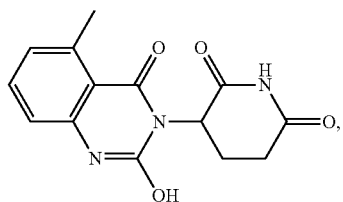
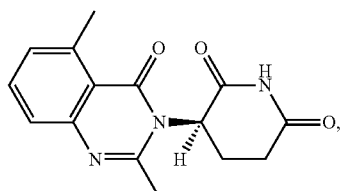
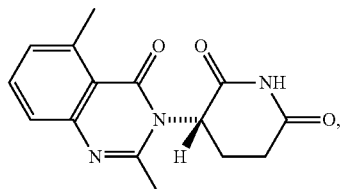
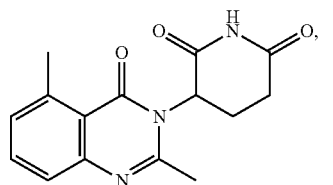
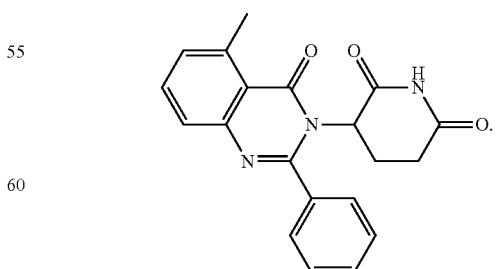
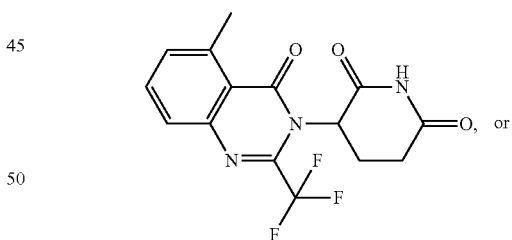
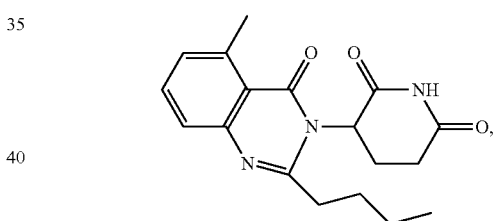
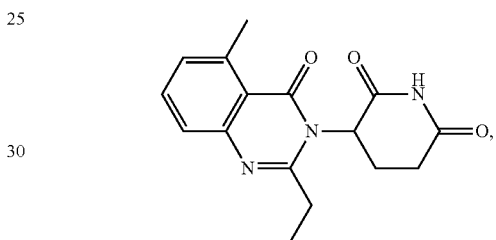
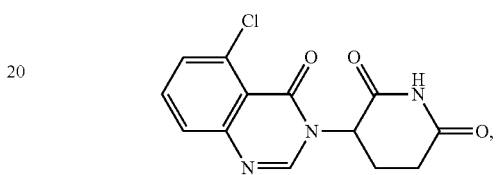
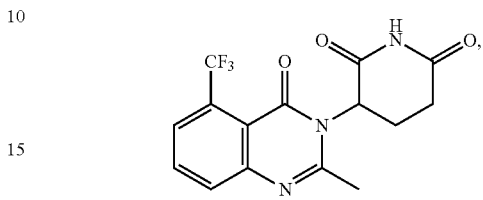
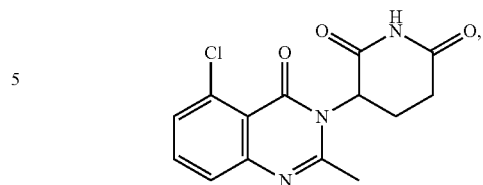
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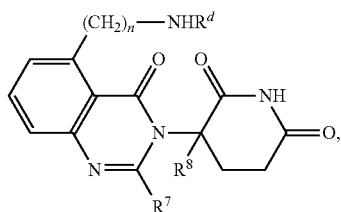
TABLE A-continued



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In another embodiment, representative substituted quinazolinone compounds are of the formula (III):

29



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R^d is:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

—C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo;

—C(O)—(CH₂)_n—(C₃-C₁₀-cycloalkyl);

—C(O)—(CH₂)_n—(CH₂)_n—NR^eR^f, wherein R^e and R^f are each independently:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo; or

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or —C(O)—(CH₂)_n—O—(C₁-C₆)alkyl.

R⁷ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R⁸ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R^d is hydrogen. In another embodiment, R^d is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R^d is —C(O)—(C₁-C₈)alkyl. In another embodiment, R^d is —C(O)—(CH₂)_n—(C₃-C₁₀-cycloalkyl). In another embodiment, R^d is —C(O)—(CH₂)_n—NR^eR^f, wherein R^e and R^f are as described herein above. In another embodiment, R^d is —C(O)—(CH₂)_n—O—(CH₂)_n—(C₁-C₆)alkyl.

In one embodiment, R⁷ is hydrogen. In another embodiment, R⁷ is —(CH₂)_nOH or hydroxyl. In another embodiment, R⁷ is phenyl. In another embodiment, R⁷ is —O—(C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R⁷ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R⁸ is hydrogen. In another embodiment, R⁸ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

substituted quinazolinone compounds provided herein encompass any of the combinations of R^d, R⁷, R⁸ and n described above.

In one specific embodiment, R⁷ is methyl. In another embodiment, R^d is —C(O)—(C₁-C₆)alkyl. In another embodiment, R^d is NH₂. In another embodiment, R^d is —C(O)—CH₂—O—(C₁-C₆)alkyl.

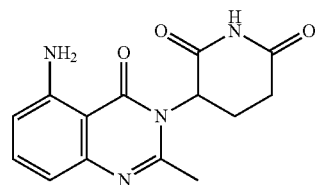
Specific examples of substituted quinazolinone compounds include, but are not limited to those from Table B:

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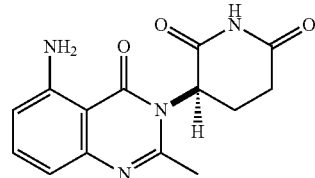
TABLE B

(III)

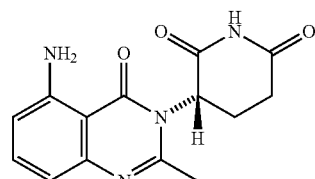
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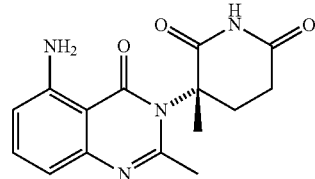
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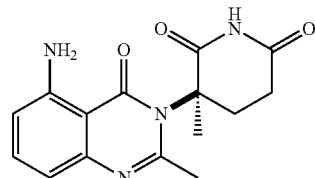
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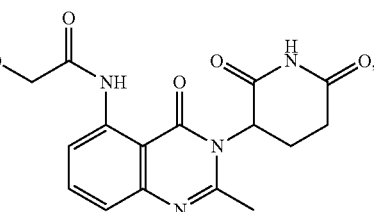
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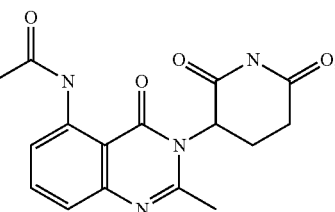
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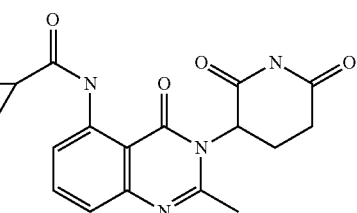
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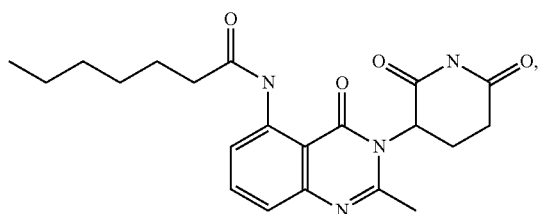
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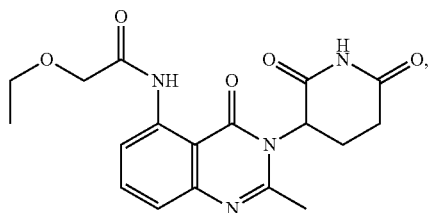
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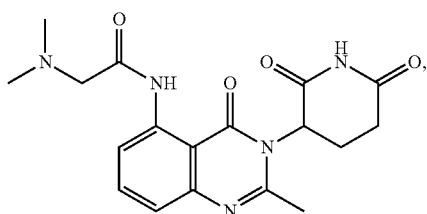
TABLE B-continued



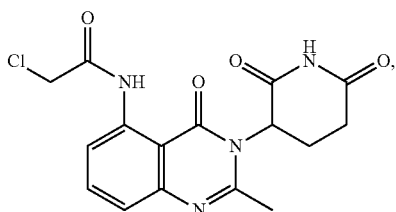
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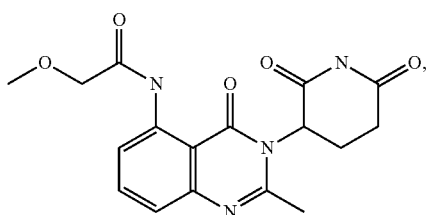
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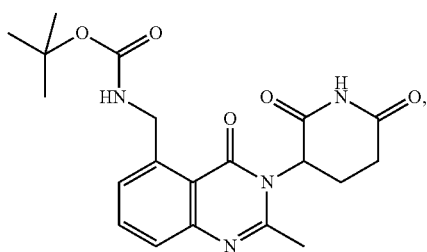
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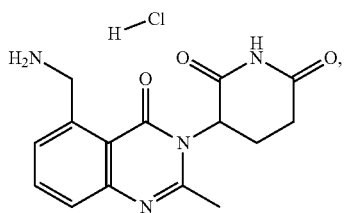
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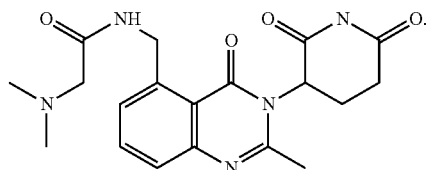
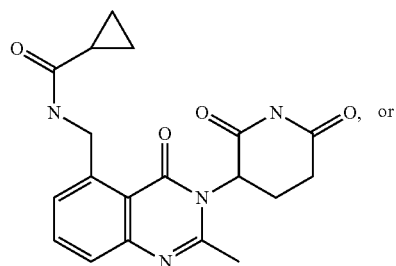
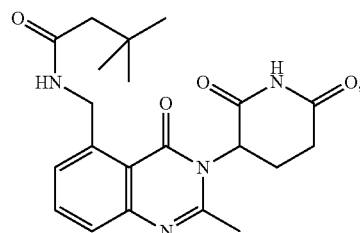
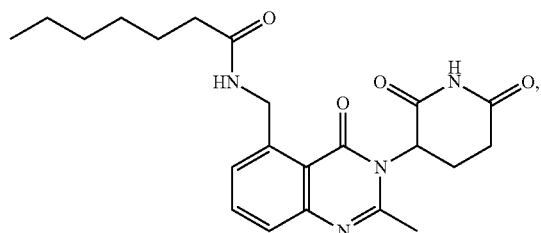
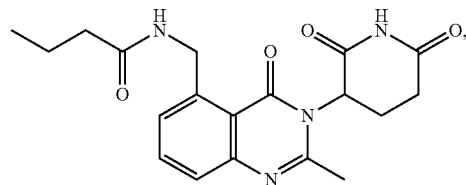
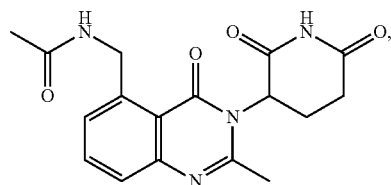
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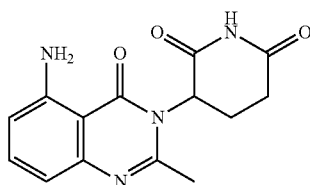
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TABLE B-continued



In one embodiment, the substituted quinazolinone compound is:

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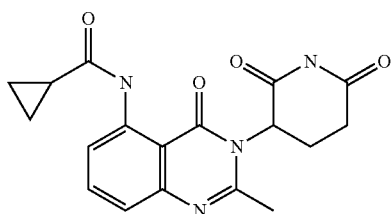


Compound 1

or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

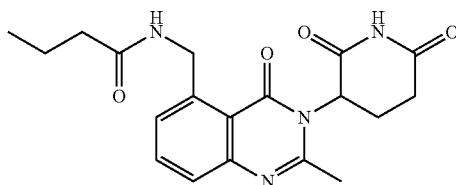
In one embodiment, the substituted quinazolinone compound is 3-(5-Amino-2-methyl-4-oxoquinazolin-3(4H)-yl)-piperidine-2,6-dione hydrochloride.

In one embodiment, the substituted quinazolinone compound is:



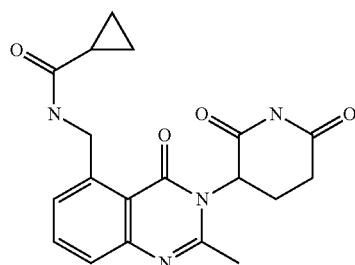
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

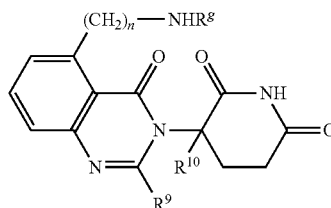
In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In another embodiment, representative substituted quinazolinone compounds are of the formula (IV):

34



(IV)

and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R⁸ is:

—(CH₂)_n-(6 to 10 membered aryl);
—C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; —SCF₃; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

—C(O)—(CH₂)_n—NHR^h, wherein R^h is:

6 to 10 membered aryl, optionally substituted with one or more of: halo;

(C₁-C₆)alkyl, itself optionally substituted with one or more halo; or

(C₁-C₆)alkoxy, itself optionally substituted with one or more halo; or

—C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl);

R⁹ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R¹⁰ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R⁸ is —(CH₂)_n-(6 to 10 membered aryl). In another embodiment, R⁸ is —C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted as described above. In another embodiment, R⁸ is —C(O)—(CH₂)_n—NHR^h, wherein R^h is 6 to 10 membered aryl, optionally substituted as described above. In another embodiment, R⁸ is —C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl).

In one embodiment, R⁹ is hydrogen. In another embodiment, R⁹ is —(CH₂)_nOH or hydroxyl. In another embodiment, R⁹ is phenyl. In another embodiment, R⁹ is —O—(C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R⁹ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R¹⁰ is hydrogen. In another embodiment, R¹⁰ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

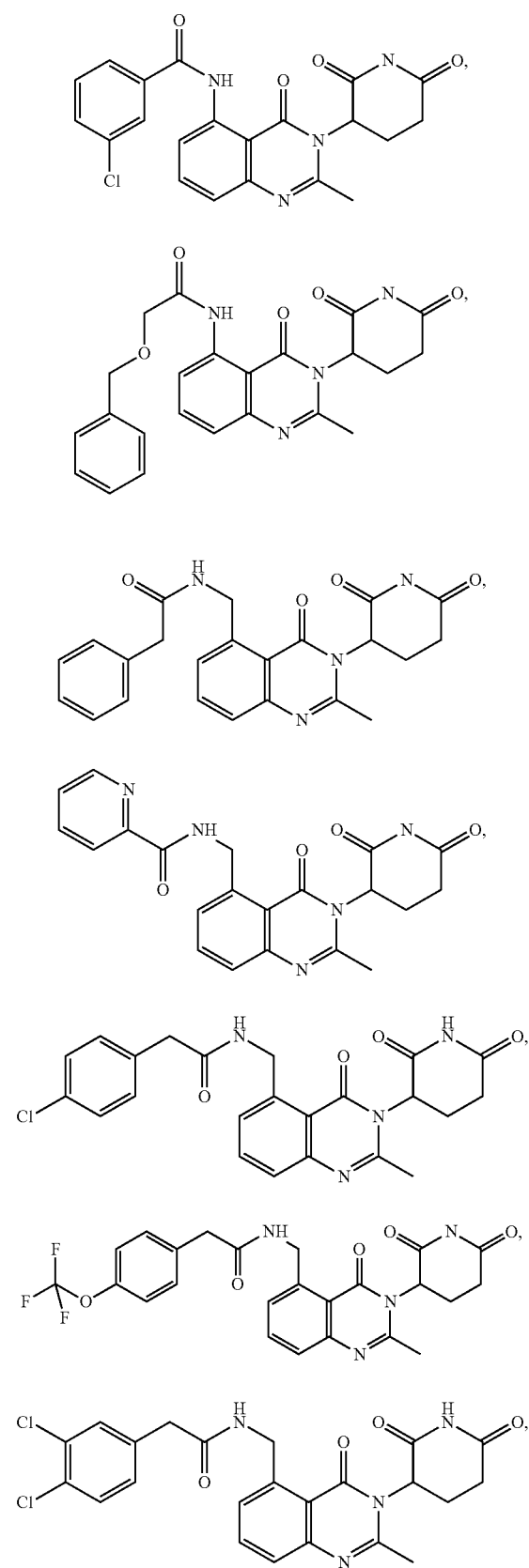
substituted quinazolinone compounds provided herein encompass any of the combinations of R⁸, R⁹, R¹⁰ and n described above.

In one specific embodiment, R⁹ is methyl. In another embodiment, R⁸ is —C(O)-phenyl or —C(O)—CH₂-phenyl, wherein the phenyl is optionally substituted with methyl, —CF₃, and/or halo. In another embodiment, R⁸ is —C(O)—NH-phenyl, wherein the phenyl is optionally substituted with methyl, —CF₃, and/or halo.

Specific substituted quinazolinone compounds include, but are not limited to those from Table C:

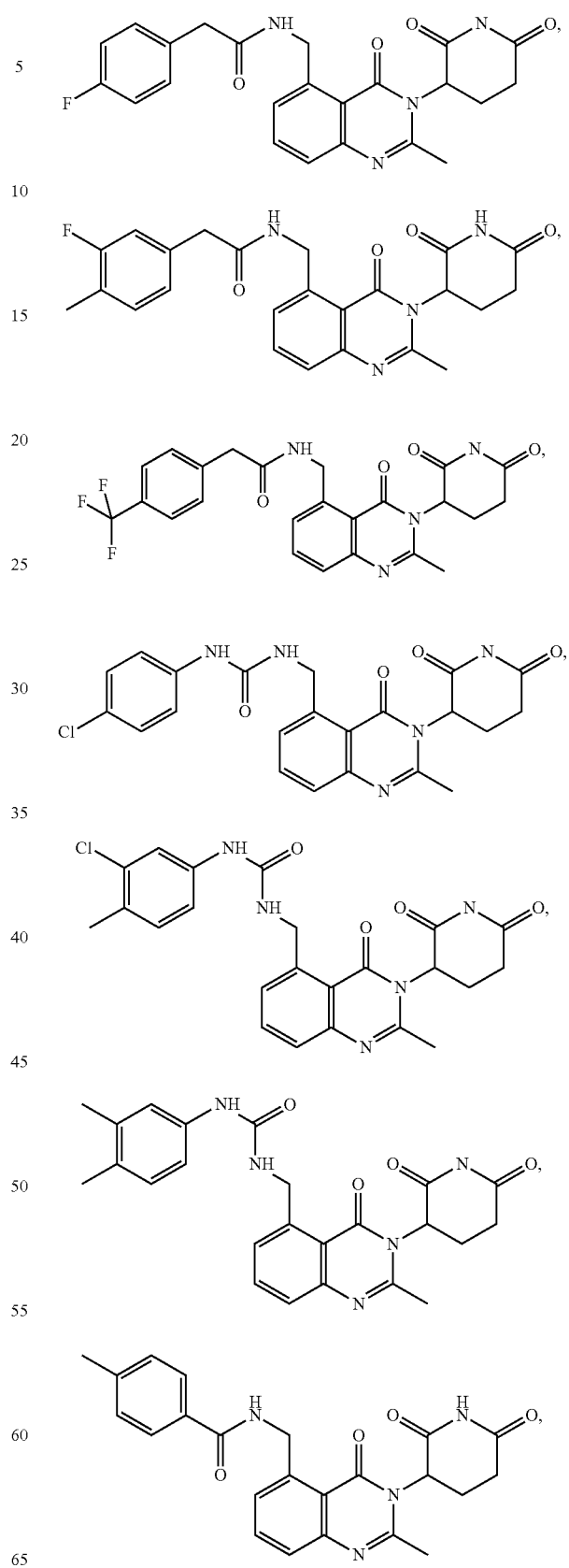
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TABLE C



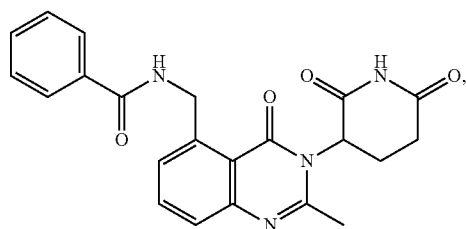
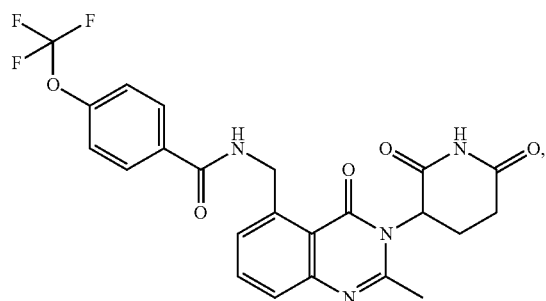
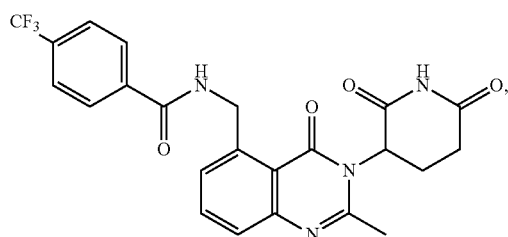
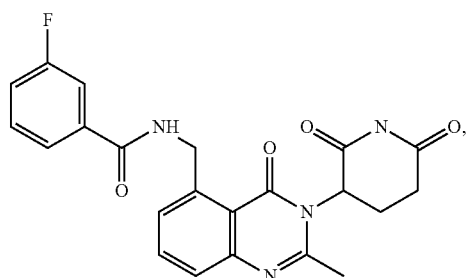
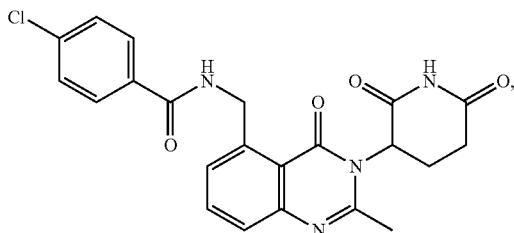
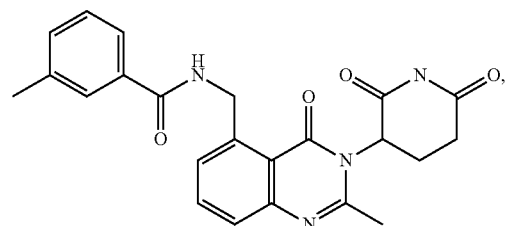
36

TABLE C-continued



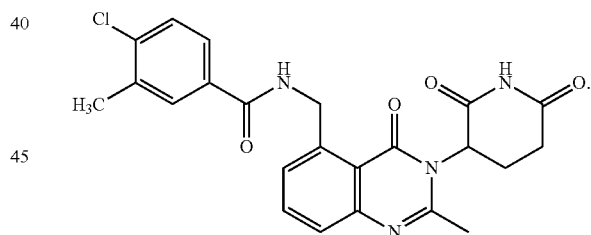
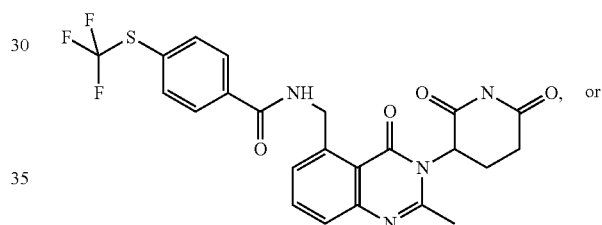
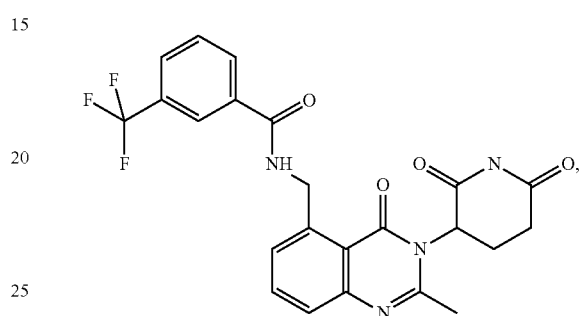
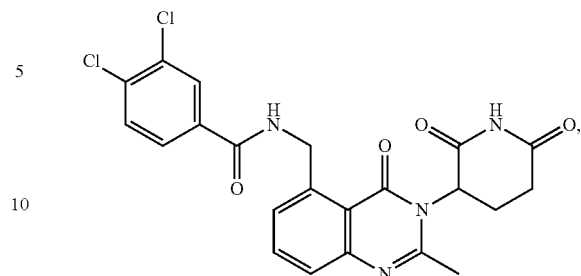
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TABLE C-continued

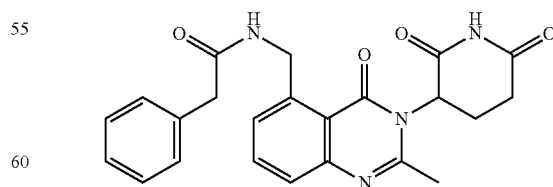


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TABLE C-continued



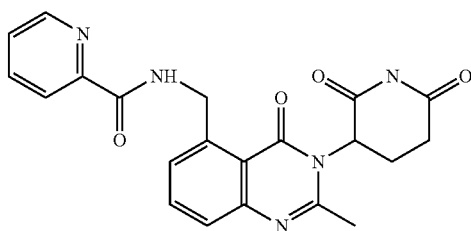
In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

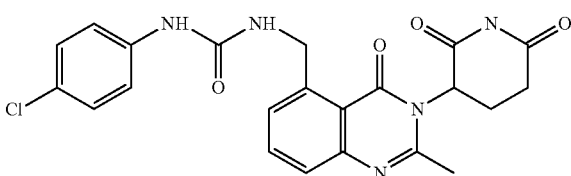
In one embodiment, the substituted quinazolinone compound is:

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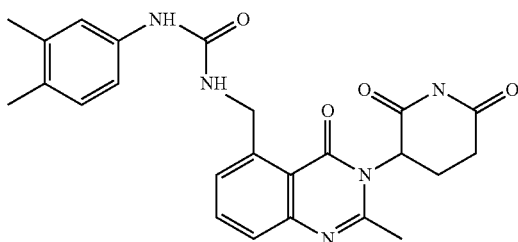
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In one embodiment, the substituted quinazolinone compound is:



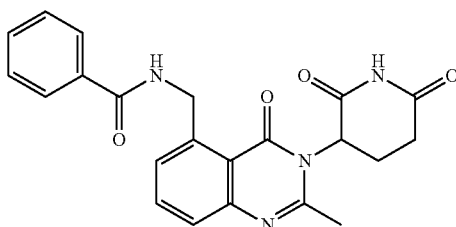
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

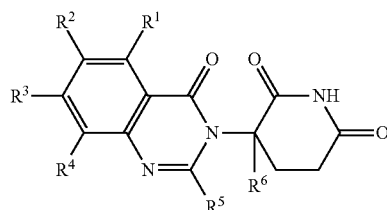
In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

Specific substituted quinazolinone compounds provided herein include, but are not limited to, 6-, 7-, or 8-substituted quinazolinone compounds such as those described in U.S. Patent Application Publication No. US 2009/0093504, the entirety of which is incorporated herein by reference. In one embodiment, representative substituted quinazolinone compounds are of the formula (V):

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(V)

and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R¹ is hydrogen;

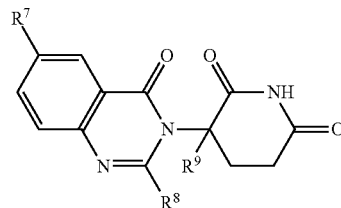
each of R², R³, and R⁴ is independently: hydrogen; halo; —(CH₂)_nOH; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or —(CH₂)_nNHR^a, wherein R^a is: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; —(CH₂)_n-(6 to 10 membered aryl); —C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; —SCF₃; (C₁-C₆)alkyl, said alkyl itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, said alkoxy itself optionally substituted with one or more halo; —C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo; —C(O)—(CH₂)_n—(C₃-C₁₀-cycloalkyl); —C(O)—(CH₂)_n—NR^bR^c, wherein R^b and R^c are each independently: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or 6 to 10 membered aryl, optionally substituted with one or more of: halo; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo; —C(O)—(CH₂)_n—O—(C₁-C₆)alkyl; or —C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl); or two of R¹-R⁴ together can form a 5 or 6-membered ring, optionally substituted with one or more of: halo; (C₁-C₆)alkyl, optionally substituted with one or more halo; and (C₁-C₆)alkoxy, optionally substituted with one or more halo;

R⁵ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R⁶ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In another embodiment, representative substituted quinazolinone compounds are of formula (VI):



(VI)

and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R⁷ is: hydrogen; halo; —(CH₂)_nOH; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or —(CH₂)_nNHR^d, wherein

41

R^d is:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;—(CH₂)_n-(6 to 10 membered aryl);—C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; —SCF₃; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo;—C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo;—C(O)—(CH₂)_n—(C₃-C₁₀-cycloalkyl);—C(O)—(CH₂)_n—NR^eR^f, wherein R^e and R^f are each independently:

hydrogen;

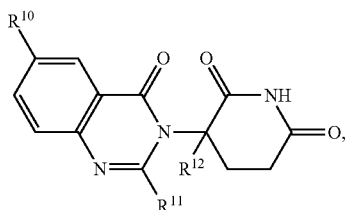
(C₁-C₆)alkyl, optionally substituted with one or more halo;(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

6 to 10 membered aryl, optionally substituted with one or more of: halo;

(C₁-C₆)alkyl, itself optionally substituted with one or more halo; or(C₁-C₆)alkoxy, itself optionally substituted with one or more halo;—C(O)—(CH₂)_n—O—(C₁-C₆)alkyl; or—C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl);R⁸ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;R⁹ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In another embodiment, representative substituted quinazolinone compounds are of formula (VII):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R¹⁰ is: hydrogen; halo; —(CH₂)_nOH; (C₁-C₆)alkyl, optionally substituted with one or more halo; or (C₁-C₆)alkoxy, optionally substituted with one or more halo;R¹¹ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;R¹² is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R¹⁰ is hydrogen. In another embodiment, R¹⁰ is halo. In another embodiment, R¹⁰ is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R¹⁰ is —(CH₂)_nOH or hydroxyl. In another embodiment, R¹⁰ is (C₁-C₆)alkoxy, optionally substituted with one or more halo.In one embodiment, R¹¹ is hydrogen. In another embodiment, R¹¹ is —(CH₂)—OH or hydroxyl. In another embodi-

42

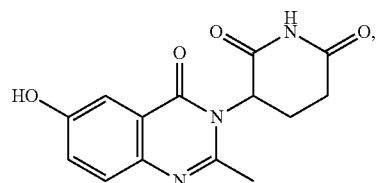
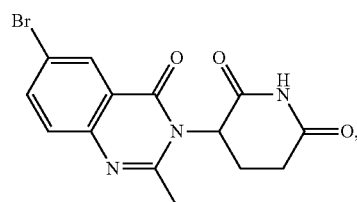
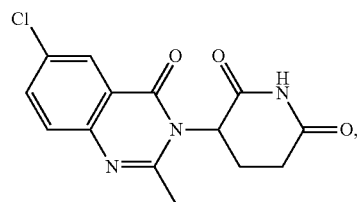
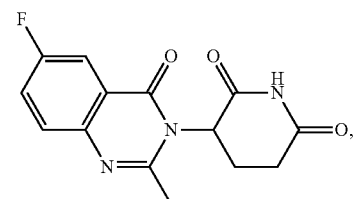
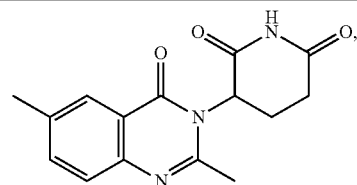
ment, R¹¹ is phenyl. In another embodiment, R¹¹ is —O—(C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R¹¹ is (C₁-C₆)alkyl, optionally substituted with one or more halo.In one embodiment, R¹² is hydrogen. In another embodiment, R¹² is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

substituted quinazolinone compounds provided herein encompass any of the combinations of R¹⁰, R¹¹, R¹² and n described above.In one specific embodiment, R¹⁰ is halo. In another embodiment, R¹⁰ is hydroxyl. In another embodiment, R¹⁰ is methyl.In another specific embodiment, R¹¹ is hydrogen. In another embodiment, R¹¹ is methyl.In another specific embodiment, R¹² is hydrogen. In another embodiment, R¹² is methyl.

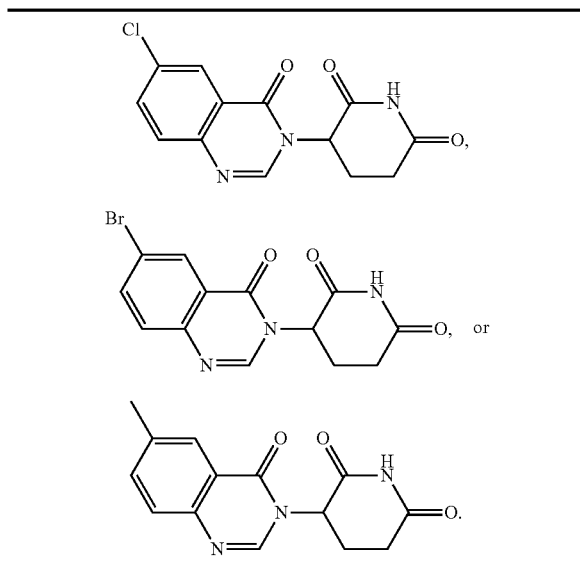
Specific substituted quinazolinone compounds include, but are not limited to those from Table D:

TABLE D

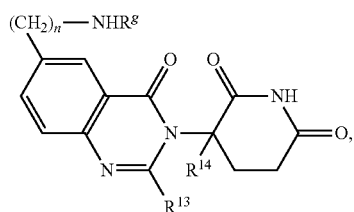


43

TABLE D-continued



In another embodiment, provided herein are substituted quinazolinone compounds of formula (VIII):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R^g is:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

—(CH₂)_n-(6 to 10 membered aryl);

—C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; —SCF₃; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

—C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo;

—C(O)—(CH₂)_n-(C₃-C₁₀-cycloalkyl);

—C(O)—(CH₂)_n—NR^hRⁱ, wherein R^h and Rⁱ are each independently:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

6 to 10 membered aryl, optionally substituted with one or more of: halo;

(C₁-C₆)alkyl, itself optionally substituted with one or more halo; or

(C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

6 to 10 membered aryl, optionally substituted with one or more of: halo;

(C₁-C₆)alkyl, itself optionally substituted with one or more halo; or

(C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

6 to 10 membered aryl, optionally substituted with one or more of: halo;

44

—C(O)—(CH₂)_n—O—(C₁-C₆)alkyl; or

—C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl);

R¹³ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R¹⁴ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R^g is hydrogen. In another embodiment, R^g is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R^g is —(CH₂)_n-(6 to 10 membered aryl). In another embodiment, R^g is —C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted as described above. In another embodiment, R^g is —C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo. In another embodiment, R^g is —C(O)—(CH₂)_n-(C₃-C₁₀-cycloalkyl). In another embodiment, R^g is —C(O)—(CH₂)_n—NR^hRⁱ, wherein R^h and Rⁱ are as described above. In another embodiment, R^g is —C(O)—(CH₂)_n—O—(C₁-C₆)alkyl. In another embodiment, R^g is —C(O)—(CH₂)_n—O—(CH₂)_n-(6 to 10 membered aryl).

In one embodiment, R¹³ is hydrogen. In another embodiment, R¹³ is —(CH₂)_nOH or hydroxyl. In another embodiment, R¹³ is phenyl. In another embodiment, R¹³ is —O—(C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R¹³ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R¹⁴ is hydrogen. In another embodiment, R¹⁴ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

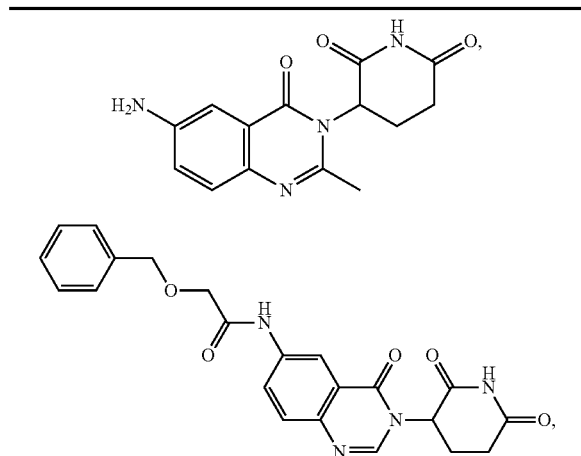
substituted quinazolinone compounds provided herein encompass any of the combinations of R^g, R¹³, R¹⁴ and n described above.

In one specific embodiment, R^g is hydrogen, and n is 0 or 1. In another embodiment, R^g is —C(O)—(C₁-C₆)alkyl. In another embodiment, R^g is —C(O)—phenyl, optionally substituted with one or more methyl, halo, and/or (C₁-C₆)alkoxy.

In another specific embodiment, R¹³ is methyl. In another embodiment, R¹⁴ is hydrogen.

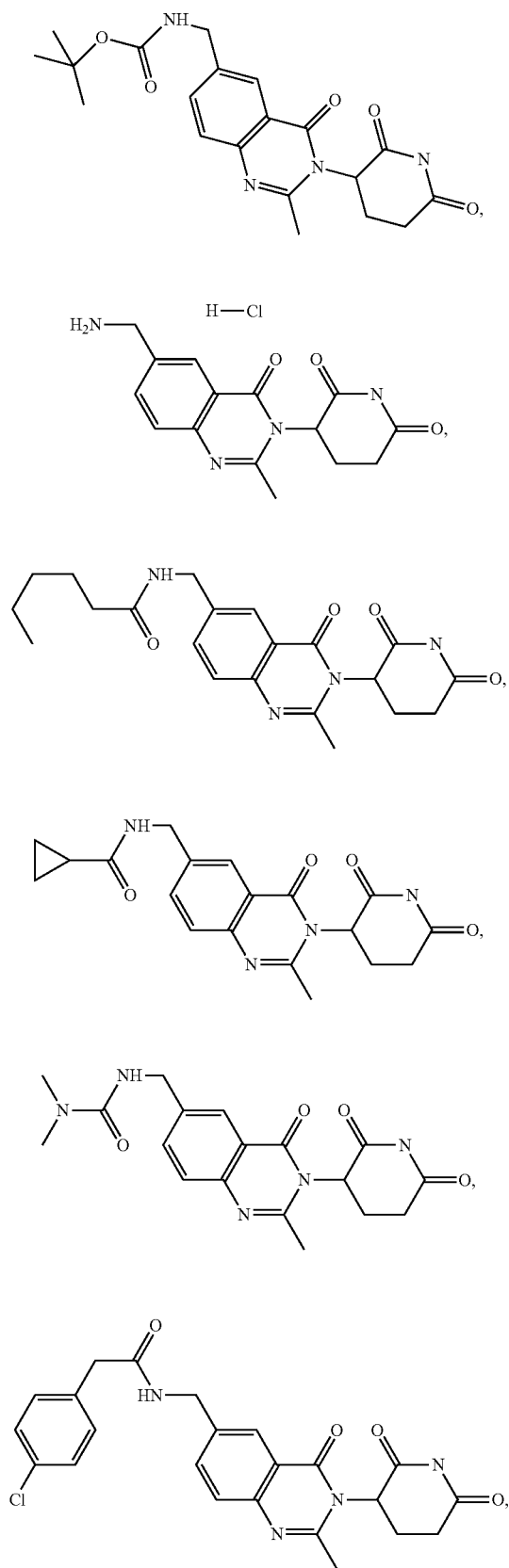
Specific substituted quinazolinone compounds include, but are not limited to those from Table E:

TABLE E



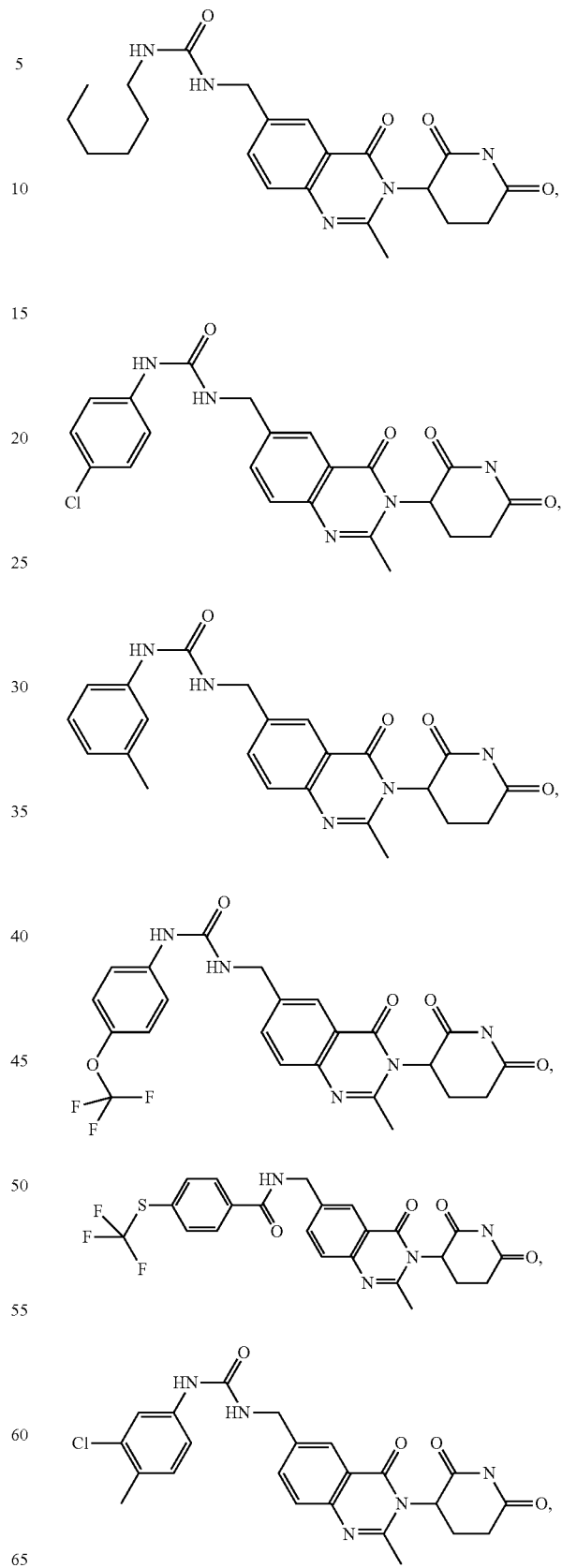
45

TABLE E-continued



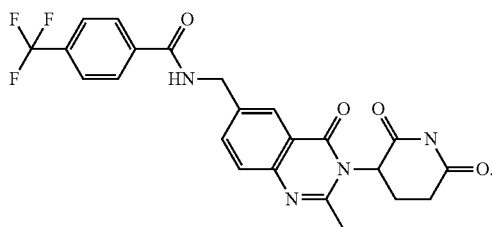
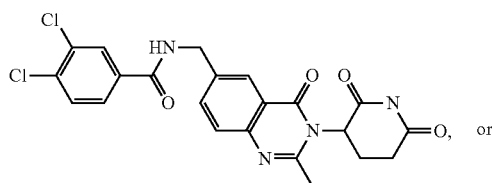
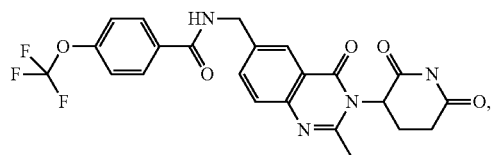
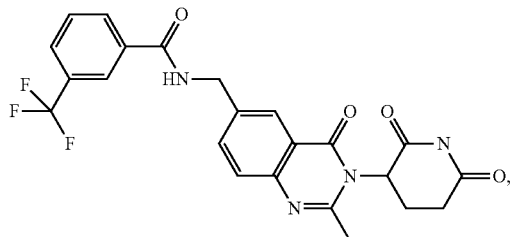
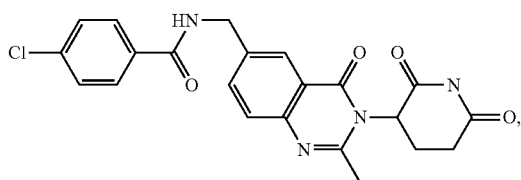
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TABLE E-continued

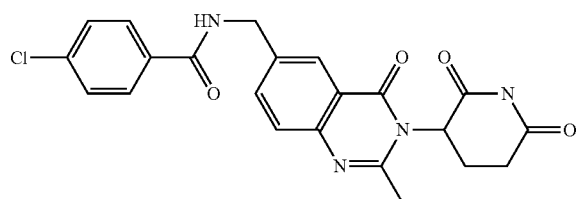


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TABLE E-continued



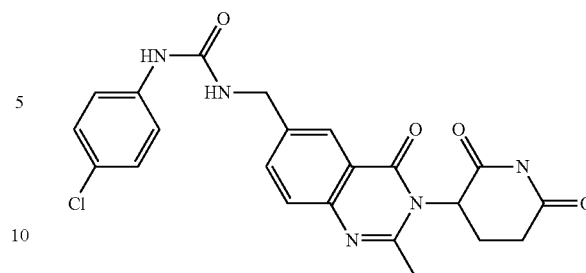
In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

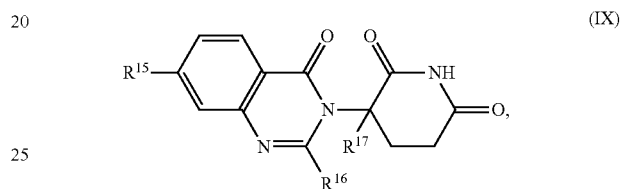
In one embodiment, the substituted quinazolinone compound is:

48



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In another embodiment, representative substituted quinazolinone compounds are of formula (IX):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R^{15} is: hydrogen; halo; $-(CH_2)_nOH$; (C_1-C_6) alkyl, optionally substituted with one or more halo; (C_1-C_6) alkoxy, optionally substituted with one or more halo; or $-(CH_2)_nNHR^j$, wherein

R^j is:
hydrogen;
 (C_1-C_6) alkyl, optionally substituted with one or more halo;
 $-(CH_2)_n$ -(6 to 10 membered aryl);
 $-C(O)-(CH_2)_n$ -(6 to 10 membered aryl) or $-C(O)-(CH_2)_n$ -(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; $-SCF_3$; (C_1-C_6) alkyl, itself optionally substituted with one or more halo; or (C_1-C_6) alkoxy, itself optionally substituted with one or more halo;
 $-C(O)-(C_1-C_8)$ alkyl, wherein the alkyl is optionally substituted with one or more halo;
 $-C(O)-(CH_2)_n$ -(C_3-C_{10} -cycloalkyl);
 $-C(O)-(CH_2)_n-NR^kR^l$, wherein R^k and R^l are each independently:

hydrogen;
 (C_1-C_6) alkyl, optionally substituted with one or more halo;
 (C_1-C_6) alkoxy, optionally substituted with one or more halo; or
6 to 10 membered aryl, optionally substituted with one or more of: halo;
 (C_1-C_6) alkyl, itself optionally substituted with one or more halo; or
 (C_1-C_6) alkoxy, itself optionally substituted with one or more halo;
 $-C(O)-(CH_2)_n-O-(C_1-C_6)$ alkyl; or
 $-C(O)-(CH_2)_n-O-(CH_2)_n$ -(6 to 10 membered aryl);

R^{16} is: hydrogen; $-(CH_2)_nOH$; phenyl; $-O-(C_1-C_6)$ alkyl; or (C_1-C_6) alkyl, optionally substituted with one or more halo;

R^{17} is: hydrogen; or (C_1-C_6) alkyl, optionally substituted with one or more halo; and
 n is 0, 1, or 2.

49

In one embodiment, R^{15} is hydrogen. In another embodiment, R^{15} is halo. In another embodiment, R^{15} is (C_1-C_6) alkyl, optionally substituted with one or more halo. In another embodiment, R^{15} is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R^{15} is (C_1-C_6) alkoxy, optionally substituted with one or more halo.

In one embodiment, R^{15} is $-(CH_2)_nNHR^1$. In one embodiment, wherein R^{15} is $-(CH_2)_nNHR^j$, R^j is hydrogen. In another embodiment, R^j is (C_1-C_6) alkyl, optionally substituted with one or more halo. In another embodiment, R^j is $-(CH_2)_n$ -(6 to 10 membered aryl). In another embodiment, R^j is $-C(O)-(CH_2)_n$ -(6 to 10 membered aryl) or $-C(O)-(CH_2)_n$ -(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted as described above. In another embodiment, R^j is $-C(O)-(C_1-C_8)$ alkyl, wherein the alkyl is optionally substituted with one or more halo. In another embodiment, R^j is $-C(O)-(CH_2)_n$ -(C_3-C_{10} -cycloalkyl). In another embodiment, R^1 is $-C(O)-(CH_2)_n-NR^kR^l$, wherein R^k and R^l are as described above. In another embodiment, R^j is $-C(O)-(CH_2)_n-O-(C_1-C_6)$ alkyl. In another embodiment, R^j is $-C(O)-(CH_2)_n-O-(CH_2)_n$ -(6 to 10 membered aryl).

In one embodiment, R^{16} is hydrogen. In another embodiment, R^{16} is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R^{16} is phenyl. In another embodiment, R^{16} is $-(C_1-C_6)$ alkyl, optionally substituted with one or more halo. In another embodiment, R^{16} is (C_1-C_6) alkyl, optionally substituted with one or more halo.

In one embodiment, R^{17} is hydrogen. In another embodiment, R^{17} is (C_1-C_6) alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

substituted quinazolinone compounds provided herein encompass any of the combinations of R^{15} , R^{16} , R^{17} and n described above.

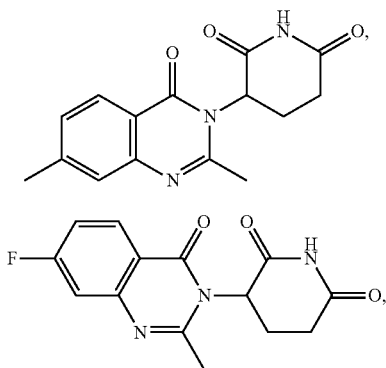
In one specific embodiment, R^{15} is methyl. In another embodiment, R^{15} is halo. In another embodiment, R^{15} is $-(CH_2)_nNHR^j$.

In one specific embodiment wherein R^{15} is $-(CH_2)_nNHR^j$, R^j is hydrogen, and n is 0 or 1. In another embodiment wherein R^{15} is $-(CH_2)_nNHR^j$, R^j is $-C(O)-(O)-(C_1-C_6)$ alkyl.

In one specific embodiment, R^{16} is hydrogen. In another embodiment, R^{16} is methyl. In another specific embodiment, R^{17} is hydrogen or methyl.

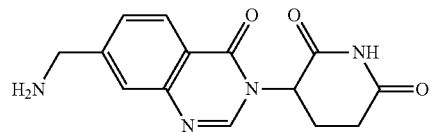
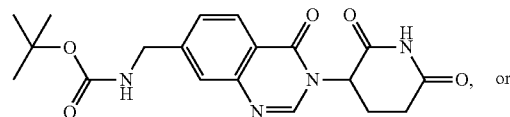
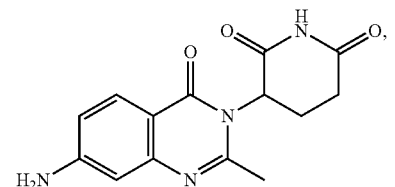
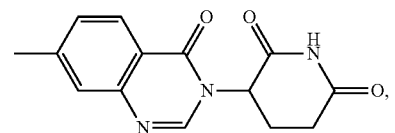
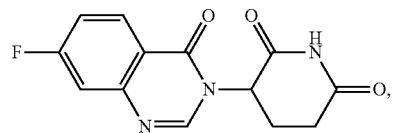
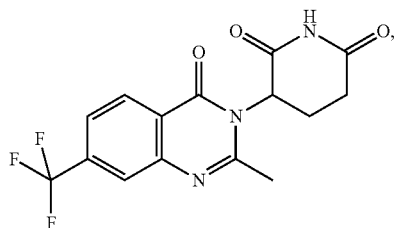
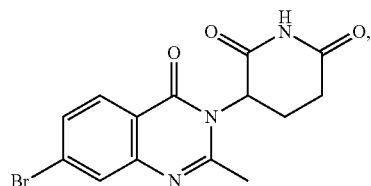
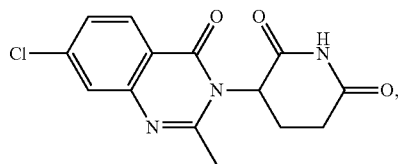
Specific substituted quinazolinone compounds include, but are not limited to those from Table F:

TABLE F



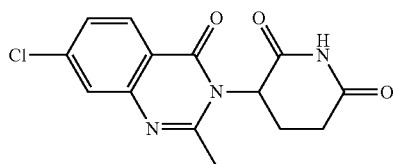
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TABLE F-continued



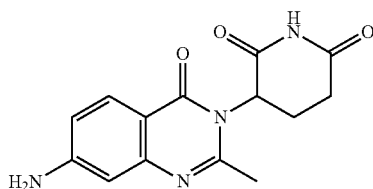
In one embodiment, the substituted quinazolinone compound is:

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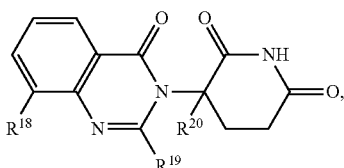
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In another embodiment, representative substituted quinazolinone compounds are of formula (X):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R¹⁸ is: hydrogen; halo; $-(CH_2)_nOH$; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or

$-(CH_2)_nNHR^m$, wherein R^m is:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo; $-(CH_2)_n$ -(6 to 10 membered aryl);

$-C(O)-(CH_2)_n$ -(6 to 10 membered aryl) or $-C(O)-(CH_2)_n$ -(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more

of: halo; $-SCF_3$; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

$-C(O)-(C_1-C_8)alkyl$, wherein the alkyl is optionally substituted with one or more halo;

$-C(O)-(CH_2)_n-(C_3-C_{10}-cycloalkyl)$;

$-C(O)-(CH_2)_n-NR''R^o$, wherein R'' and R^o are each independently:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

6 to 10 membered aryl, optionally substituted with one or more of: halo;

(C₁-C₆)alkyl, itself optionally substituted with one or more halo; or

52

(C₁-C₆)alkoxy, itself optionally substituted with one or more halo;

$-C(O)-(CH_2)_n-O-(C_1-C_6)alkyl$; or

$-C(O)-(CH_2)_n-O-(CH_2)_n$ -(6 to 10 membered aryl);

5 R¹⁹ is: hydrogen; $-(CH_2)_nOH$; phenyl; $-O-(C_1-C_6)alkyl$; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R²⁰ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, R¹⁸ is hydrogen. In another embodiment, R¹⁸ is halo. In another embodiment, R¹⁸ is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R¹⁸ is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R¹⁸ is (C₁-C₆)alkoxy, optionally substituted with one or more halo.

In one embodiment, R¹⁸ is $-(CH_2)_nNHR^m$. In one embodiment, wherein R²⁸ is $-(CH_2)_nNHR^s$, R^s is hydrogen. In another embodiment, R^m is (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R^m is

20 $-(CH_2)_n$ -(6 to 10 membered aryl). In another embodiment, R^m is $-C(O)-(CH_2)_n$ -(6 to 10 membered aryl) or $-C(O)-(CH_2)_n$ -(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted as described above. In

25 another embodiment, R^s is $-C(O)-(C_1-C_8)alkyl$, wherein the alkyl is optionally substituted with one or more halo. In another embodiment, R^m is $-C(O)-(CH_2)_n-(C_3-C_{10}-cycloalkyl)$. In another embodiment, R^m is $-C(O)-(CH_2)_n-NR''R^o$, wherein R'' and R^o are as described above. In another

30 embodiment, R^m is $-C(O)-(CH_2)_n-O-(C_1-C_6)alkyl$. In another embodiment, R^m is $-C(O)-(CH_2)_n-O-(CH_2)_n$ -(6 to 10 membered aryl).

In one embodiment, R¹⁹ is hydrogen. In another embodiment, R¹⁹ is $-(CH_2)_nOH$ or hydroxyl. In another embodiment, R¹⁹ is phenyl. In another embodiment, R¹⁹ is $-O-(C_1-C_6)alkyl$, optionally substituted with one or more halo. In another embodiment, R¹⁹ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R²⁰ is hydrogen. In another embodiment, R²⁰ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

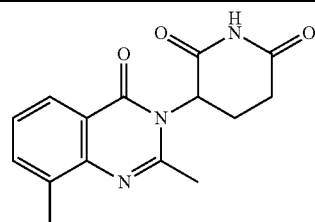
substituted quinazolinone compounds provided herein encompass any of the combinations of R¹⁸, R¹⁹, R²⁰ and n described above.

In one specific embodiment, R¹⁸ is methyl. In another embodiment, R¹⁸ is halo. In another embodiment, R¹⁸ is hydroxyl. In another embodiment, R¹⁸ is $-CF_3$.

In one specific embodiment, R¹⁹ is hydrogen. In another embodiment, R¹⁹ is methyl. In another specific embodiment, R²⁰ is hydrogen.

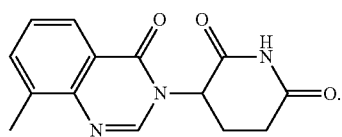
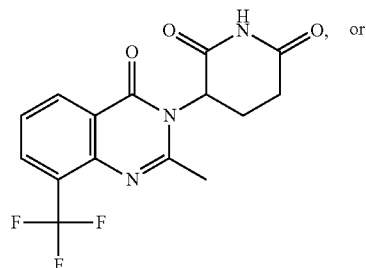
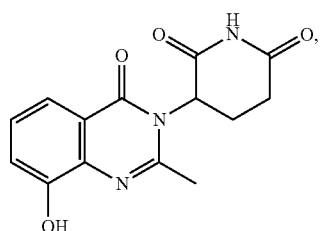
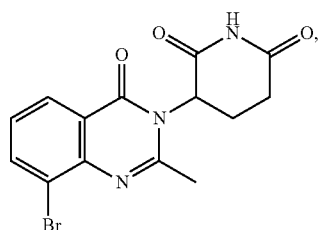
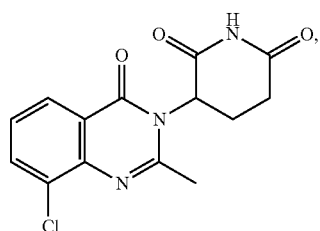
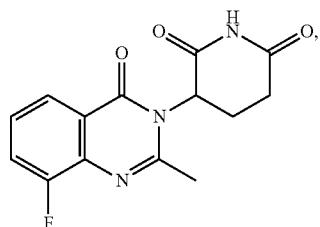
Specific substituted quinazolinone compounds include, but are not limited to those from Table G:

TABLE G



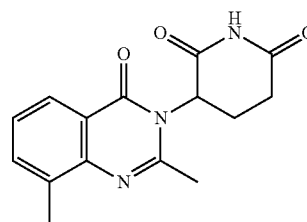
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TABLE G-continued



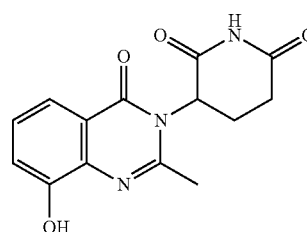
In one embodiment, the substituted quinazolinone compound is:

54



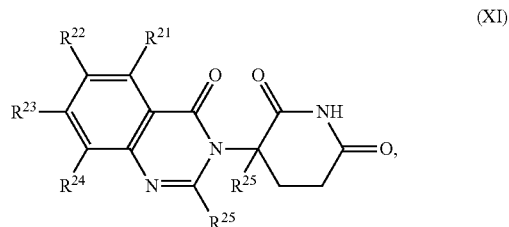
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In one embodiment, the substituted quinazolinone compound is:



or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

In another embodiment, representative substituted quinazolinone compounds are of formula (XI):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R²¹ is hydrogen;

R²², R²³, and R²⁴ are each independently: halo; —(CH₂)_n—OH; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or

two of R²¹-R²⁴ together form a 5 to 6 membered ring, optionally substituted with one or more of: halo; (C₁-C₆)alkyl, optionally substituted with one or more halo; and (C₁-C₆)alkoxy, optionally substituted with one or more halo;

R²⁵ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R²⁶ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2.

In one embodiment, two of R²²-R²⁴ are halo. In another embodiment, two of R²²-R²⁴ are (C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, two of R²²-R²⁴ are (C₁-C₆)alkoxy, optionally substituted with one or more halo.

In another embodiment, one of R²²-R²⁴ is halo, and another one of R²²-R²⁴ is (C₁-C₆)alkyl, optionally substituted

55

with one or more halo. In another embodiment, one of R²²-R²⁴ is halo, and another one of R²²-R²⁴ is (C₁-C₆)alkoxy, optionally substituted with one or more halo. In another embodiment, one of R²²-R²⁴ is C₆alkoxy, optionally substituted with one or more halo, and another one of R²²-R²⁴ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In another embodiment, two of R²²-R²⁴ together form a 5 to 6 membered ring. In one specific embodiment, R²² and R²³ together form a 5 to 6 membered ring. In one specific embodiment, R²² and R²³ together form phenyl ring. In another embodiment, the ring formed by R²² and R²³ is optionally substituted with one or more of: halo; (C₁-C₆)alkyl, optionally substituted with one or more halo; and (C₁-C₆)alkoxy, optionally substituted with one or more halo.

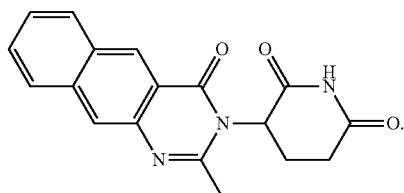
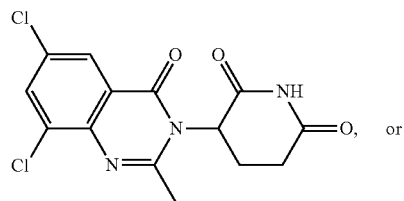
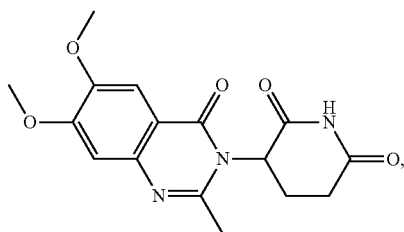
In one embodiment, R²⁵ is hydrogen. In another embodiment, R²⁵ is —(CH₂)_nOH or hydroxyl. In another embodiment, R²⁵ is phenyl. In another embodiment, R²⁵ is —O—(C₁-C₆)alkyl, optionally substituted with one or more halo. In another embodiment, R²⁵ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, R²⁶ is hydrogen. In another embodiment, R²⁶ is (C₁-C₆)alkyl, optionally substituted with one or more halo.

In one embodiment, n is 0. In another embodiment, n is 1. In another embodiment, n is 2.

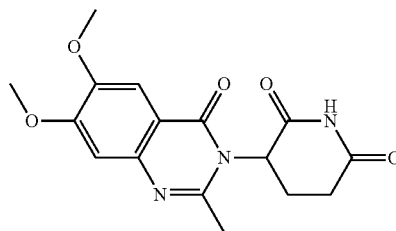
substituted quinazolinone compounds provided herein encompass any of the combinations of R²¹, R²², R²³, R²⁴, R²⁵, R²⁶, and n described above.

Specific substituted quinazolinone compounds include, but are not limited to:



In one embodiment, the substituted quinazolinone compound is:

56



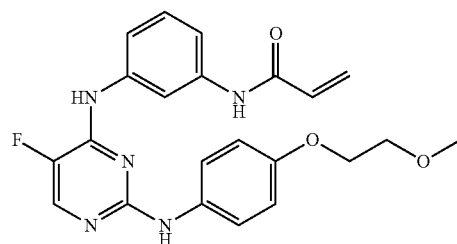
or a pharmaceutically acceptable salt, solvate, prodrug, or stereoisomer thereof.

All of the substituted quinazolinone compounds described can either be commercially purchased or prepared according to the methods described in the patents or patent publications disclosed herein. Further, optically pure substituted quinazolinone compounds can be asymmetrically synthesized or resolved using known resolving agents or chiral columns as well as other standard synthetic organic chemistry techniques.

It should be noted that if there is a discrepancy between a depicted structure and a name given that structure, the depicted structure is to be accorded more weight. In addition, if the stereochemistry of a structure or a portion of a structure is not indicated with, for example, bold or dashed lines, the structure or portion of the structure is to be interpreted as encompassing all stereoisomers of it.

6.3 Compound AA

N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide:



and pharmaceutically acceptable salts thereof are referred to herein collectively as "Compound AA." In one embodiment, the besylate salt of Compound AA is used in the compositions and methods provided herein. In one embodiment, the free base of Compound AA is used in the compositions and methods provided herein.

United States published patent application number US 2010/0029610, published Feb. 4, 2010 ("the '610 publication," the entirety of which is hereby incorporated herein by reference), describes Compound AA, which is designated as compound number 1-182 in the '610 publication. Compound AA covalently and irreversibly inhibits activity of one or more protein kinases, including BTK, a member of TEC-kinases. The synthesis of Compound AA is described in detail at Example 20 of the '610 publication. Compound AA is active in a variety of assays and therapeutic models demonstrating covalent, irreversible inhibition of BTK (in enzymatic and cellular assays). Notably, Compound AA is a potent, selective, orally available, small molecule which was found to inhibit B-cell proliferation and activation.

6.4 Anti-CD20 Antibodies

CD20, the first B-cell specific antigen defined by the monoclonal antibody tositumomab, plays a critical role in B-cell development. Human CD20 is a 297 amino acid (30- to 35-kDa) phosphoprotein with four transmembrane domains encoded by the gene MS4A1 located on chromosome 11q12.2. CD20 plays a critical role in B-cell development and is a biomarker for immunotherapies targeting B-cell derived diseases. CD20 is an integral membrane protein expressed by B lymphocytes in early stages of differentiation and by most B cell lymphomas, but not by differentiated plasma cells. CD20 remains on the membrane of B cells without dissociation or internalization upon antibody binding. CD20 functions though binding to the Src family of tyrosine kinases, such as Lyn, Fyn and Lck, and believed to be involved as a result in the phosphorylation cascade of intracellular proteins. Anti-CD20 antibodies are broadly classified into type I and type II antibodies. Both types of anti-CD 20 antibodies exhibit equal ability in activating Fc-FcγR interactions such as antibody-dependent cellular cytotoxicity (ADCC) and phagocytosis. Type I anti-CD20 antibodies redistribute CD20 into membrane lipid rafts and potentially activate complement-dependent cytotoxicity (CDC). Type II anti-CD20 antibodies weakly activate CDC but more potently induce direct programmed cell death.

A person of ordinary skill in the art can readily identify and select additional anti-CD20 antibodies that are useful in the present invention. For example, in some embodiments, such antibodies are described, for example, in U.S. Pat. Nos. 8,153, 125, 8,147,832, 8,101,179, 8,084,582, 8,057,793 and 7,879, 984, and U.S. Patent Publication Nos. 2011/0129412, 2012/0183545, 2012/0134990 and 2012/0034185.

In some embodiments, an anti-CD20 antibody for use in the present invention is a type I antibody. In some embodiments, an anti-CD20 for use in the present invention is a type II antibody.

In some embodiments, an anti-CD20 antibody is an antibody that binds to a CD20 epitope selected from 170ANPS 173 and 182YCYS1185.

In some embodiments, an anti-CD20 antibody has a binding affinity (Kd) for an epitope of CD20 of less than 12 nM, less than 11 nM, less than 10 nM, less than 9 nM, less than 8 nM, less than 7 nM, less than 6 nM, less than 5 nM, less than 4 nM, less than 3 nM, less than 2 nM or less than 1 nM.

Rituximab is but one example of an anti-CD20 antibody. In some embodiments, an anti-CD20 antibody for use in the present invention includes, for example, rituximab (Rituxan® or MabThera®), Gazyva® (i.e., obinutuzumab) and Arzerra® (ofatumumab). For ease of reference, provided methods and regimens detailed herein refer to an exemplary anti-CD20 antibody (i.e., rituximab); however, such reference is not intended to limit the present invention to a single anti-CD20 antibody. Indeed, all references to rituximab, or a biosimilar thereof, are to be read by a person skilled in the art to encompass the class of anti-CD20 antibodies. For example, it will be appreciated that the anti-CD20 antibodies of ofatumumab (Arzerra®) or obinutuzumab (Gazyva®) can instead be administered in each instance where reference is made to a CD20 antibody or rituximab. In some such embodiments, ofatumumab is administered in 12 doses according to the following schedule: 300 mg initial dose, followed 1 week later by 2000 mg dose weekly for 7 doses, followed 4 weeks later by 2000 mg every 4 weeks for 4 doses. In some such embodiments, obinutuzumab is administered for six 28-day cycles as follows: 100 mg on day 1, cycle 1; 900 mg on day 2 cycle 1; 1000 mg on days 8 and 15 of cycle 1; and 1000 mg on

day 1 of cycles 2-6. Accordingly, in some embodiments, the term “rituximab” encompasses all corresponding anti-CD20 antibodies that fulfill the requirements necessary for obtaining a marketing authorization as an identical or biosimilar product in a country or territory selected from the group of countries consisting of the USA, Europe and Japan.

In some embodiments, an anti-CD20 antibody has the same or similar activity as rituximab, or a biosimilar thereof. In some embodiments, an anti-CD20 antibody binds to the same or similar region or epitope as rituximab or a fragment thereof. In some embodiments, an anti-CD20 antibody competes with the binding of rituximab or a fragment thereof to CD20. In some embodiments, an anti-CD20 antibody is bioequivalent to rituximab or a fragment thereof. In some embodiments, an anti-CD20 antibody is a biosimilar of rituximab or a fragment thereof. In some embodiments, an anti-CD20 antibody is a variant or derivative of rituximab, including functional fragments, derivatives, or antibody conjugates.

Rituximab (Rituxan® or MabThera®) is a genetically engineered cytolytic, chimeric murine/human monoclonal IgG1 kappa antibody directed against the CD20 cell-surface molecule present in normal B lymphocytes and B-cell CLL and in most forms of non-Hodgkin's B-cell lymphomas. Rituximab has a binding affinity for the CD20 antigen of approximately 8.0 nM. Rituximab can induce complement-dependent cellular cytotoxicity (CDC) and antibody-dependent cellular cytotoxicity (ADCC), leading to its clinical activity against lymphoma cells. Rituximab can also lead to apoptosis of B cells upon binding to CD20, thereby leading to direct inhibition of cellular growth.

Rituximab is produced by mammalian cell (Chinese Hamster Ovary) suspension culture in a nutrient medium containing the antibiotic gentamicin. Gentamicin is not detectable in the final product. Rituximab is a sterile, clear, colorless, preservative-free liquid concentrate for intravenous administration. Rituximab is supplied at a concentration of 10 mg/mL in either 100 mg/10 mL or 500 mg/50 mL single-use vials. Rituximab is formulated in polysorbate 80 (0.7 mg/mL), sodium citrate dihydrate (7.35 mg/mL), sodium chloride (9 mg/mL) and water for injection. The pH of Rituxan® (or MabThera®) is 6.5.

Rituximab has been investigated in clinical studies and approved for treatment of patients with CLL in combination with fludarabine and cyclophosphamide, as well as patients with rheumatoid arthritis in combination with methotrexate. Rituximab is also approved for treatment of non-Hodgkin's lymphoma, Wegener's Granulomatosis and Microscopic Polyangiitis.

6.5 Methods of Use

Provided herein are methods for treating or preventing a cancer, comprising administering an effective amount of a substituted quinazolinone compound and an effective amount of Compound AA to a patient having a cancer.

In certain embodiments, the cancer is a bloodborne tumor.

In certain embodiments, the cancer is a lymphoma, a leukemia or a multiple myeloma.

In certain embodiments, the cancer is non-Hodgkin's lymphoma. In certain embodiments, the non-Hodgkin's lymphoma is diffuse large B-cell lymphoma (DLBCL), follicular lymphoma (FL), acute myeloid leukemia (AML), mantle cell lymphoma (MCL), or ALK⁺ anaplastic large cell lymphoma. In one embodiment, the non-Hodgkin's lymphoma is

advanced solid non-Hodgkin's lymphoma. In one embodiment, the non-Hodgkin's lymphoma is diffuse large B-cell lymphoma (DLBCL).

In certain embodiments, the cancer is diffuse large B-cell lymphoma (DLBCL).

In certain embodiments, the cancer is a B-cell lymphoma.

In certain embodiments, the B-cell lymphoma is a B-cell non-Hodgkin's lymphoma selected from diffuse large B-cell lymphoma, Burkitt's lymphoma/leukemia, mantle cell lymphoma, mediastinal (thymic) large B-cell lymphoma, follicular lymphoma, marginal zone lymphoma (including extranodal marginal zone B-cell lymphoma and nodal marginal zone B-cell lymphoma), lymphoplasmacytic lymphoma/Waldenstrom macroglobulinemia. In some embodiments, the B-cell lymphoma is chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL). In one embodiment, the B-cell lymphoma is Waldenstrom macroglobulinemia. In other embodiments, the CLL is characterized as the small lymphocytic lymphoma (SLL) variant of CLL.

In one embodiment, the B-cell non-Hodgkin's lymphoma is refractory B-cell non-Hodgkin's lymphoma. In one embodiment, the B-cell non-Hodgkin's lymphoma is relapsed B-cell non-Hodgkin's lymphoma.

In one embodiment, the cancer is diffuse large B-cell lymphoma (DLBCL). In one particular embodiment, DLBCL is germinal center B-cell-like (GCB) DLBCL, which is believed to arise from normal germinal center B-cells. In another particular embodiment, DLBCL is activated B-cell-like (ABC) DLBCL, which is believed to arise from postgerminal center B cells that are arrested during plasmacytic differentiation.

In one embodiment, GCB-DLBCL is relapsed or refractory. In another embodiment, bcl-12 is overexpressed in the GCB-DLBCL.

In one embodiment, ABC-DLBCL is relapsed or refractory. In another embodiment, bcl-12 is overexpressed in the ABC-DLBCL.

In certain embodiments, the cancer is a T-cell lymphoma.

The B-cell disorders chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) represent 2 ends of a spectrum of the same disease process differing in the degree of blood/marrow involvement (CLL) versus lymph node involvement (SLL).

In other embodiments, the cancer is a multiple myeloma.

In certain embodiments, the cancer is a cancer of the head, neck, eye, mouth, throat, esophagus, bronchus, larynx, pharynx, chest, bone, lung, colon, rectum, stomach, prostate, urinary bladder, uterine, cervix, breast, ovaries, testicles or other reproductive organs, skin, thyroid, blood, lymph nodes, kidney, liver, pancreas, and brain or central nervous system.

In other embodiments, the cancer is a solid tumor. In certain embodiments, the solid tumor is a relapsed or refractory solid tumor.

In one embodiment, the solid tumor is a neuroendocrine tumor. In certain embodiments, the neuroendocrine tumor is a neuroendocrine tumor of gut origin. In certain embodiments, the neuroendocrine tumor is of non-pancreatic origin. In certain embodiments, the neuroendocrine tumor is non-pancreatic of gut origin. In certain embodiments, the neuroendocrine tumor is of unknown primary origin. In certain embodiments, the neuroendocrine tumor is a symptomatic endocrine producing tumor or a nonfunctional tumor. In certain embodiments, the neuroendocrine tumor is locally unresectable, metastatic moderate, well differentiated, low (grade 1) or intermediate (grade 2).

In one embodiment, the solid tumor is non-small cell lung cancer (NSCLC).

In another embodiment, the solid tumor is glioblastoma multiforme (GBM).

In another embodiment, the solid tumor is hepatocellular carcinoma (HCC).

5 In another embodiment, the solid tumor is breast cancer. In one embodiment, the breast cancer is hormone receptor positive. In one embodiment, the breast cancer is estrogen receptor positive (ER+, ER+/Her2 or ER+/Her2+). In one embodiment, the breast cancer is estrogen receptor negative (ER-/Her2+). In one embodiment, the breast cancer is triple negative (TN) (breast cancer that does not express the genes and/or protein corresponding to the estrogen receptor (ER), progesterone receptor (PR), and that does not overexpress the Her2/neu protein).

15 In another embodiment, the solid tumor is colorectal cancer (CRC).

In another embodiment, the solid tumor is salivary cancer.

In another embodiment, the solid tumor is pancreatic cancer.

20 In another embodiment, the solid tumor is adenocystic cancer.

In another embodiment, the solid tumor is adrenal cancer.

In another embodiment, the solid tumor is esophageal cancer, renal cancer, leiomyosarcoma, or paraganglioma.

25 In one embodiment, the solid tumor is an advanced solid tumor.

In another embodiment, the cancer is head and neck squamous cell carcinoma.

30 In another embodiment, the cancer is E-twenty six (ETS) overexpressing castration-resistant prostate cancer.

In another embodiment, the cancer is E-twenty six (ETS) overexpressing Ewings sarcoma.

In other embodiments, the cancer include solid and blood-borne tumors, for example, multiple myeloma, mantle cell lymphoma, diffused large B-cell lymphoma, acute myeloid lymphoma, follicular lymphoma, chronic lymphocytic leukemia; and solid tumors, for example, breast, lung, endometrial, ovarian, gastric, cervical, and prostate cancer; glioblastoma; renal carcinoma; hepatocellular carcinoma; colon carcinoma; neuroendocrine tumors; head and neck tumors; and sarcomas, such as Ewing's sarcoma.

40 Further provided herein are methods for treating or preventing a cancer, comprising administering an effective amount of Compound AA (e.g., alone or in the absence of a substituted quinazolinone compound) to a patient having a cancer.

In certain embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the the cancer is a cancer of the head, neck, eye, mouth, throat, esophagus, bronchus, larynx, pharynx, chest, bone, lung, colon, rectum, stomach, prostate, urinary bladder, uterine, cervix, breast, ovaries, testicles or other reproductive organs, skin, thyroid, blood, lymph nodes, kidney, liver, pancreas, and brain or central nervous system.

55 In other embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is a solid tumor. In certain embodiments, the solid tumor is a relapsed or refractory solid tumor.

60 In one embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is a neuroendocrine tumor. In certain embodiments, the neuroendocrine tumor is a neuroendocrine tumor of gut origin. In certain embodiments, the neuroendocrine tumor is of non-pancreatic origin. In certain embodiments, the neuroendocrine tumor is non-pancreatic of gut origin. In certain embodiments, the neuroendocrine tumor is of unknown primary origin. In certain embodiments, the

61

neuroendocrine tumor is a symptomatic endocrine producing tumor or a nonfunctional tumor. In certain embodiments, the neuroendocrine tumor is locally unresectable, metastatic moderate, well differentiated, low (grade 1) or intermediate (grade 2).

In one embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is non-small cell lung cancer (NSCLC).

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is glioblastoma multiforme (GBM).

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is hepatocellular carcinoma (HCC).

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is breast cancer. In one embodiment, the breast cancer is hormone receptor positive. In one embodiment, the breast cancer is estrogen receptor positive (ER+, ER+/Her2 or ER+/Her2+). In one embodiment, the breast cancer is estrogen receptor negative (ER-/Her2+). In one embodiment, the breast cancer is triple negative (TN) (breast cancer that does not express the genes and/or protein corresponding to the estrogen receptor (ER), progesterone receptor (PR), and that does not overexpress the Her2/neu protein).

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is colorectal cancer (CRC).

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is salivary cancer.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is pancreatic cancer.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is adenocystic cancer.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is adrenal cancer.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is esophageal cancer, renal cancer, leiomyosarcoma, or paraganglioma.

In one embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the solid tumor is an advanced solid tumor.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is E-twenty six (ETS) overexpressing castration-resistant prostate cancer.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is E-twenty six (ETS) overexpressing Ewings sarcoma.

In another embodiment wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is E-twenty six (ETS) overexpressing Ewings sarcoma.

In other embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is a cancer associated with the pathways involving mTOR, PI3K, or Akt kinases and mutants or

62

isoforms thereof. Other cancers include solid and blood-borne tumors, for example, multiple myeloma, mantle cell lymphoma, diffused large B-cell lymphoma, acute myeloid lymphoma, follicular lymphoma, chronic lymphocytic leukemia; and solid tumors, for example, breast, lung, endometrial, ovarian, gastric, cervical, and prostate cancer; glioblastoma; renal carcinoma; hepatocellular carcinoma; colon carcinoma; neuroendocrine tumors; head and neck tumors; and sarcomas, such as Ewing's sarcoma.

Provided herein are methods for the treatment or management of cancer using Ikaros, Aiolos, as a predictive or prognostic factor for the combination of a Compound AA and a 5-Substituted Quinazolinone Compound. In certain embodiments, provided herein are methods for screening or identifying cancer patients as described herein (e.g., multiple myeloma, DLBCL, mantle cell lymphoma, follicular lymphoma, acute myeloblastic leukemia, chronic lymphocytic leukemia, and/or MDS patients), for treatment with a combination of a Compound AA and a 5-Substituted Quinazolinone Compound, using Ikaros, Aiolos, as a predictive or prognostic factor. In one embodiment, provided herein is a method of predicting patient response to treatment of cancer with a combination provided herein, the method comprising obtaining biological material from the patient, and measuring the presence or absence of Ikaros, Aiolos. In one embodiment, the mRNA or protein is purified from the tumor and the presence or absence of a biomarker is measured by gene or protein expression analysis. In certain embodiments, the presence or absence of a biomarker is measured by quantitative real-time PCR (QRT-PCR), microarray, flow cytometry or immunofluorescence. In other embodiments, the presence or absence of a biomarker is measured by enzyme-linked immunosorbent assay-based methodologies (ELISA) or other similar methods known in the art. Biomarkers associated with non-Hodgkin's lymphomas are described, for example, in U.S. Patent Publication No. 2011/0223157, the entirety of which is incorporated by reference in its entirety. In certain embodiments, the biomarker is Aiolos. In another embodiment, the biomarker is Ikaros. In certain embodiments, the biomarker is both Ikaros and Aiolos. In certain embodiments, the biomarker is a combination of biomarkers provided herein. In certain embodiments, the biomarker(s) further comprises CRBN. In specific embodiments, the cancer is DLBCL.

In another embodiment, provided herein is a method of predicting patient response to treatment in a cancer patient, the method comprising obtaining cancer cells from the patient, culturing the cells in the presence or absence of the combination of a Compound AA and a 5-Substituted Quinazolinone Compound, purifying protein or RNA from the cultured cells, and measuring the presence or absence of a biomarker by, e.g., protein or gene expression analysis. The expression monitored may be, for example, mRNA expression or protein expression. In one embodiment, the cancer patient is a lymphoma, leukemia, multiple myeloma, solid tumor, non-Hodgkin's lymphoma, DLBCL, mantle cell lymphoma, follicular lymphoma, acute myeloblastic leukemia, chronic lymphocytic leukemia, MDS or melanoma patient. In certain embodiments, the biomarker is Aiolos. In another embodiment, the biomarker is Ikaros. In certain embodiments, the biomarker is both Ikaros and Aiolos. In certain embodiments, the biomarker(s) further comprises CRBN. In specific embodiments, the cancer is DLBCL.

In another embodiment, provided herein is a method of monitoring tumor response to the combination of a Compound AA and a 5-Substituted Quinazolinone Compound treatment in a cancer patient. The method comprises obtain-

ing a biological sample from the patient, measuring the expression of a biomarker in the biological sample, administering the combination of a Compound AA and a 5-Substituted Quinazolinone Compound to the patient, thereafter obtaining a second biological sample from the patient, measuring biomarker expression in the second biological sample, and comparing the levels of expression, where an increased level of biomarker expression after treatment indicates the likelihood of an effective tumor response. In certain embodiments, the biomarker is Aiolos. In another embodiment, the biomarker is Ikaros. In certain embodiments, the biomarker is both Ikaros and Aiolos. In certain embodiments, the biomarker(s) further comprises CRBN. In specific embodiments, the cancer is DLBCL.

In certain embodiments, CRBN protein levels are not down-regulated or decreased, whereas Ikaros protein levels and/or Aiolos protein levels are down-regulated or decreased. In some embodiments, such a phenotype indicates the patient has, or may be developing, an acquired resistance to the compound. In certain embodiments, the biomarker is c-Myc. In certain embodiments, c-Myc levels are decreased. In other embodiments, the biomarker is CD44. In certain embodiments, CD44 levels are increased. In some embodiments, such a phenotype indicates the patient has, or may be developing, an acquired resistance to the compound. In other embodiments, a decrease in the level of Ikaros and/or Aiolos protein levels indicates an effective treatment with the compound.

In one embodiment, a decreased level of biomarker expression after treatment indicates the likelihood of effective tumor response. The biomarker expression monitored can be, for example, mRNA expression or protein expression. In certain embodiments, the biomarker is Aiolos. In another embodiment, the biomarker is Ikaros. In certain embodiments, the biomarker is both Ikaros and Aiolos. In specific embodiments, the tumor is DLBCL.

In one embodiment, an increased level of biomarker expression after treatment indicates the likelihood of effective tumor response. The biomarker expression monitored can be, for example, mRNA expression or protein expression. In specific embodiments, the tumor is DLBCL.

In another aspect, provided herein are methods of assessing the efficacy of a combination of a Compound AA and a 5-Substituted Quinazolinone Compound in treating cancer, comprising: (a) administering the combination to a patient having cancer; (b) obtaining a first sample from the patient; (c) determining the level of a CRBN-associated protein in the first sample; and (d) comparing the level of the CRBN-associated protein from step (c) to the level of the same protein obtained from a reference sample, wherein a change in the level as compared to the reference is indicative of the efficacy of the combination in treating the cancer. In certain embodiments, the CRBN-associated protein is Ikaros. In other embodiments, the CRBN-associated protein is Aiolos. In some embodiments, the CRBN-associated protein is Ikaros and Aiolos. In some embodiments, provided herein are methods of assessing the efficacy of a combination of a Compound AA and a 5-Substituted Quinazolinone Compound in treating cancer, comprising: (a) administering the combination to a patient having cancer; (b) obtaining a first sample from the patient; (c) determining the level of a Ikaros and/or Aiolos protein in the first sample; and (d) comparing the level of the Ikaros and/or Aiolos from step (c) to the level of the same protein obtained from a reference sample, wherein a decrease in the Ikaros and/or Aiolos protein level as compared to the reference is indicative of the efficacy of combination in treating the cancer.

In some embodiments, the sample is obtained from a tumor biopsy, node biopsy, or a biopsy from bone marrow, spleen, liver, brain or breast.

In certain embodiment, step (c) comprises: (i) contacting the proteins within the first sample from step (b) with a first antibody that immunospecifically binds to a CRBN-associated protein; (ii) contacting the proteins bound to the first antibody with a second antibody with a detectable label, wherein the second antibody immunospecifically binds to the CRBN-associated protein, and wherein the second antibody immunospecifically binds to a different epitope on the CRBN-associated protein than the first antibody; (iii) detecting the presence of second antibody bound to the proteins; and (iv) determining the amount of the CRBN-associated protein based on the amount of detectable label in the second antibody.

In certain embodiment, step (c) comprises: (i) contacting the RNA within the first sample with a primer comprising a sequence specifically binding to the RNA to generate a first DNA molecule having a sequence complementary to the RNA; (ii) amplifying the DNA corresponding to a segment of a gene encoding the CRBN-associated protein; and (iii) determining the RNA level of the CRBN-associated protein based on the amount of the amplified DNA.

In certain embodiments, the combination is likely efficacious in treating the cancer if the level (e.g., protein or RNA level) of the CRBN-associated protein as compared to the reference decreases. In certain embodiments, the combination is likely efficacious in treating the cancer if the level (e.g., protein or RNA level) of the CRBN-associated protein as compared to the reference increases. In one embodiment, the reference is prepared by using a second sample obtained from the patient prior to administration of the combination to the subject; wherein the second sample is from the same source as the first sample. In another embodiment, the reference is prepared by using a second sample obtained from a healthy subject not having a cancer; wherein the second sample is from the same source as the first sample. In certain embodiments, the CRBN-associated protein is Ikaros, and the level of Ikaros protein decreases as compared to the reference. In other embodiments the CRBN-associated protein is Aiolos, and the level of Aiolos protein decreases as compared to the reference. In some embodiments, the CRBN-associated protein is Ikaros and Aiolos, and the levels of both the Ikaros protein and Aiolos protein decrease as compared to the reference.

In one embodiment of the methods provided herein, the CRBN-associated protein is IKZF3 (Aiolos) having a molecular weight of 58 kDa. In another embodiment of the methods provided herein, the CRBN-associated protein is IKZF3 (Aiolos) having a molecular weight of 42 kDa. In another embodiment, the combination of a Compound AA and a 5-Substituted Quinazolinone Compound down-regulate Aiolos expression (e.g., protein or gene expression). In specific embodiments, the Aiolos protein levels decrease.

In various embodiments of the methods provided herein, the combination of a Compound AA and a 5-Substituted Quinazolinone Compound down-regulate Ikaros expression (e.g., protein or gene expression). In certain embodiments, the combination of a Compound AA and a 5-Substituted Quinazolinone Compound decrease Ikaros protein levels. In some embodiments, the Aiolos protein levels decrease, and the Ikaros protein levels decrease.

CRBN or a CRBN-associated protein (e.g., Ikaros, Aiolos, or a combination thereof) can be utilized as a biomarker(s) to indicate the effectiveness or progress of a disease treatment with a the combination of a Compound AA and a 5-Substi-

tuted Quinazolinone Compound. Thus, in certain embodiments, the methods provided herein are useful for characterizing a disease or disorder (e.g., cancer, for example, DLBCL) in a subject, prior to, during or after the subject receiving a treatment with a Compound AA and a 5-Substituted Quinazolinone.

In certain embodiments, the sensitivity of a DLBCL or a patient having DLBCL, to therapy with the combination of a Compound AA and a 5-Substituted Quinazolinone Compound is related to Aiolos and/or Ikaros levels.

In various embodiments of the methods provided herein, the CRBN-associated protein is Ikaros, Aiolos, or a combination thereof. In some embodiments, these CRBN-associated proteins are evaluated in combination with other CRBN-associated proteins provided herein, such as Ikaros, Aiolos. In certain embodiments, Ikaros and Aiolos are evaluated. In other embodiments, Ikaros, Aiolos and CRBN are evaluated, or any combination thereof.

Aiolos (IKZF3) is a member of the Ikaros family of zinc-finger proteins. IKZF3 is a hematopoietic-specific transcription factor involved in the regulation of lymphocyte development (e.g., B lymphocyte proliferation and differentiation). The DNA-binding domain of IKZF3 recognizes the core motif of GGGA. IKZF3 was shown to participate in chromatin remodeling, regulates Bcl family members, binds to HDACs, mSin3, Mi-2 in T cells and acts as a transcriptional repressor. Aiolos-Foxp3 interaction has been shown to silence IL-2 expression in human T cells.

In certain embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is acute myeloid leukemia.

In certain embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is ALK⁺ anaplastic large cell lymphoma.

In certain embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is a B-cell lymphoma.

In certain embodiments, the B-cell lymphoma is DLBCL. In certain embodiments, the DLBCL is GCB-DLBCL. In certain embodiments, the GCB-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In other embodiments, the DLBCL is ABC-DLBCL. In certain embodiments, the ABC-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In certain embodiments wherein Compound AA is administered alone or in the absence of a substituted quinazolinone compound, the cancer is a T-cell lymphoma.

In certain embodiments, provided herein are methods for achieving an International Workshop on Chronic Lymphocytic Leukemia (IWCLL) response definition of a complete response, partial response or stable disease in a patient having chronic lymphocytic leukemia, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Response Evaluation Criteria in Solid Tumors (for example, RECIST 1.1) of complete response, partial response or stable disease in a patient having a solid tumor, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a National Cancer Institute-Sponsored Working Group on Chronic Lymphocytic Leukemia (NCI-WG CLL) response definition of complete response, partial response or

stable disease in a patient having leukemia, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Prostate Cancer Working Group 2 (PCWG2) Criteria of complete response, partial response or stable disease in a patient having prostate cancer, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving an International Workshop Criteria (IWC) for non-Hodgkin's lymphoma of complete response, partial response or stable disease in a patient having non-Hodgkin's lymphoma, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving an International Uniform Response Criteria (IURC) for multiple myeloma of complete response, partial response or stable disease in a patient having multiple myeloma, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient. In certain embodiments, provided herein are methods for achieving a Responses Assessment for Neuro-Oncology (RANO) Working Group for glioblastoma multiforme of complete response, partial response or stable disease in a patient having glioblastoma multiforme, comprising administering an effective amount of a substituted quinazolinone compound in combination with Compound AA to said patient.

In certain embodiments, provided herein are methods for increasing survival without disease progression of a patient having a cancer, comprising administering an effective amount of a substituted quinazolinone compound in combination with an effective amount of Compound AA to said patient.

In certain embodiments, provided herein are methods for treating a cancer, the methods comprising administering an effective amount of a substituted quinazolinone compound in combination with an effective amount of Compound AA to a patient having a cancer, wherein the treatment results in prevention or retarding of clinical progression, such as cancer-related cachexia or increased pain.

In some embodiments, provided herein are methods for treating a cancer, the methods comprising administering an effective amount of a substituted quinazolinone compound in combination with an effective amount of Compound AA to a patient having a B-cell lymphoma, wherein the treatment results in one or more of inhibition of disease progression, increased Time To Progression (TTP), increased Progression Free Survival (PFS), and/or increased Overall Survival (OS), among others.

In certain embodiments, the B-cell lymphoma is DLBCL. In certain embodiments, the DLBCL is GCB-DLBCL. In certain embodiments, the GCB-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In other embodiments, the DLBCL is ABC-DLBCL. In certain embodiments, the ABC-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In some embodiments, the substituted quinazolinone compound is a compound as described herein. In another, the substituted quinazolinone compound is 3-(5-Amino-2-methyl-4-oxoquinazolin-3(4H)-yl)-piperidine-2,6-dione ("Compound A"). In another embodiment, the 5 substituted quinazolinone compound is 3-(5-Amino-2-methyl-4-oxoquinazolin-3(4H)-yl)-piperidine-2,6-dione hydrochloride.

A substituted quinazolinone compound administered in combination with Compound AA can be further combined with radiation therapy or surgery. In certain embodiments, a substituted quinazolinone compound is administered in combination with Compound AA to a patient who is undergoing radiation therapy, has previously undergone radiation therapy or will be undergoing radiation therapy. In certain embodiments, a substituted quinazolinone compound is administered in combination with Compound AA to a patient who has undergone surgery, such as tumor removal surgery.

Further provided herein are methods for treating patients who have been previously treated for a cancer, as well as those who have not previously been treated. Because patients with a cancer have heterogeneous clinical manifestations and varying clinical outcomes, the treatment given to a patient may vary, depending on his/her prognosis. The skilled clinician will be able to readily determine without undue experimentation specific secondary agents, types of surgery, and types of non-drug based standard therapy that can be effectively used to treat an individual patient with a cancer.

In one embodiment, a substituted quinazolinone compound is administered in combination with Compound AA and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®). Accordingly, provided herein are methods for treating or preventing a cancer, comprising administering an effective amount of a substituted quinazolinone compound, an effective amount of Compound AA and an effective amount of an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®) to a patient having a cancer. In a specific embodiment, Compound A is administered in combination with Compound AA and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®). In a particular embodiment, the cancer treated or prevented with a combination of a substituted quinazolinone compound, Compound AA and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®) is diffuse large B-cell lymphomas (DLBCL).

In certain embodiments, the DLBCL is GCB-DLBCL. In certain embodiments, the GCB-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In other embodiments, the DLBCL is ABC-DLBCL. In certain embodiments, the ABC-DLBCL is relapsed or refractory. In certain embodiments, bcl-12 is overexpressed in the GCB-DLBCL.

In one embodiment, provided herein is a method of treating, preventing and/or managing DLBCL comprising administering Compound A in combination with Compound AA and rituximab. In one embodiment, the DLBCL is ABC-DLBCL.

In certain embodiments, a substituted quinazolinone compound is administered in combination with Compound AA to a patient in cycles. Cycling therapy involves the administration of an active agent(s) for a period of time, followed by a rest for a period of time, and repeating this sequential administration. Cycling therapy can reduce the development of resistance, avoid or reduce the side effects, and/or improves the efficacy of the treatment. The administration of a substituted quinazolinone compound, Compound AA and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), in combination can also be carried out in such cycles.

In some embodiments, Compound AA is administered twice daily, or BID, whereas a substituted quinazolinone compound is administered once daily, or QD. Alternatively and/or additionally, Compound AA may be administered once or twice daily for one or more 28-day cycles, whereas a

substituted quinazolinone compound may be administered once daily for days 1 through 21 of one or more 28-day cycles. In some embodiments, Compound AA is administered twice daily on days 1 through 28 of one or more 28-day cycles and a substituted quinazolinone compound is administered once daily on days 2 through 22 of one or more 28-day cycles. In some embodiments, Compound AA is administered twice daily on days 1 through 28 of one or more 28-day cycles and a substituted quinazolinone compound is administered once daily on days 1 through 28 of one or more 28-day cycles.

In some embodiments, a substituted quinazolinone compound is administered once daily, or QD, Compound AA is administered twice daily, or BID, and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), is administered once monthly or once every 4 weeks. Alternatively and/or additionally, in one or more 28-day cycles, a substituted quinazolinone compound may be administered once daily, Compound AA may be administered once or twice daily and an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), may be administered once.

In some embodiments, provided methods comprise administering Compound AA in combination with a substituted quinazolinone compound daily for a period of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 or 28 days. In some embodiments, a treatment regimen comprises at least one 28-day cycle. As used herein, the term "28-day cycle" means that the combination of Compound AA and a substituted quinazolinone compound is administered to a patient in need thereof for 28 consecutive days. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least one 28-day cycle. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least two, at least three, at least four, at least five or at least six 28-day cycles. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least seven, at least eight, at least nine, at least ten, at least eleven or at least twelve 28-day cycles. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least thirteen, at least fourteen, at least fifteen, at least sixteen, at least seventeen or at least eighteen 28-day cycles.

In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least eighteen 28-day cycles, and Compound AA is further administered for at least one additional 28-day cycle. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least eighteen 28-day cycles, and Compound AA is further administered for at least two, at least three, at least four, at least five, at least six, at least seven, at least eight, at least nine, at least ten, at least eleven or at least twelve additional 28-day cycles. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least eighteen 28-day cycles, and Compound AA is further administered for at least thirteen, at least fourteen, at least fifteen, at least sixteen, at least seventeen, at least eighteen, at least nineteen, at least twenty, at least twenty-one, at least twenty-two, at least twenty-three or at least twenty-four additional 28-day cycles. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered to a patient for the duration of the patient's life. In some embodiments, the combination of Compound AA and a substituted quinazolinone compound is administered for at least eighteen 28-day cycles, and Compound AA is further administered for the duration of

the patient's life. In some embodiments, Compound AA is administered on days 1 through 28 (for example, one dose each day or two doses each day) of each 28-day cycle and Compound AA is administered on days 1 through 21 (for example, one dose each day) of one or more 28-day cycles. In some embodiments, Compound AA is administered on days 1 through 28 of one or more 28-day cycles and Compound AA is administered on days 2 through 22 of one or more 28-day cycles.

In some embodiments, two adjacent 28-day cycles may be separated by a rest period. Such a rest period may be one, two, three, four, five, six, seven or more days during which the patient is not administered either or both Compound AA and a substituted quinazolinone compound. In a preferred embodiment, two adjacent 28-day cycles are continuous.

In one embodiment, a substituted quinazolinone compound is administered in combination with Compound AA daily in single or divided doses for about 3 days, about 5 days, about one week, about two weeks, about three weeks, about four weeks (e.g., 28 days), about five weeks, about six weeks, about seven weeks, about eight weeks, about ten weeks, about fifteen weeks, or about twenty weeks, followed by a rest period of about 1 day to about ten weeks. In one embodiment, the methods provided herein contemplate cycling treatments of about one week, about two weeks, about three weeks, about four weeks, about five weeks, about six weeks, about eight weeks, about ten weeks, about fifteen weeks, or about twenty weeks. In some embodiments, a substituted quinazolinone compound is administered in combination with Compound AA in single or divided doses for about 3 days, about 5 days, about one week, about two weeks, about three weeks, about four weeks (e.g., 28 days), about five weeks, or about six weeks with a rest period of about 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 29, or 30 days. In some embodiments, the rest period is 1 day. In some embodiments, the rest period is 3 days. In some embodiments, the rest period is 7 days. In some embodiments, the rest period is 14 days. In some embodiments, the rest period is 28 days. The frequency, number and length of dosing cycles can be increased or decreased.

In one embodiment, the methods provided herein comprise: i) administering to the subject a first daily dose of a substituted quinazolinone compound in combination with Compound AA; ii) optionally resting for a period of at least one day where Compound AA is not administered to the subject; iii) administering a second dose of a substituted quinazolinone compound in combination with Compound AA to the subject; and iv) repeating steps ii) to iii) a plurality of times.

In one embodiment, the methods provided herein comprise administering to the subject a dose of Compound AA on day 1, followed by administering a substituted quinazolinone compound in combination with Compound AA to the subject on day 2 and subsequent days.

In certain embodiments, a substituted quinazolinone compound in combination with Compound AA is administered continuously for between about 1 and about 52 weeks. In certain embodiments, a substituted quinazolinone compound in combination with Compound AA is administered continuously for about 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 months. In certain embodiments, a substituted quinazolinone compound in combination with Compound AA is administered continuously for about 7, about 14, about 21, about 28, about 35, about 42, about 84, or about 112 days.

In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, the substituted quinazolinone compound is administered

continuously for 28 days, while Compound AA is administered continuously for 21 days followed by 7 days without administration of Compound AA. In one embodiment, in a 28 day cycle, Compound AA is administered alone on Day 1, Compound AA and the substituted quinazolinone compound are administered in combination on Days 2-21 and the substituted quinazolinone compound is administered alone on Days 22-28. In some such embodiments, starting with Cycle 2 both Compound AA and the substituted quinazolinone compound are administered on Day 1, Compound AA is continued through Day 21, while the substituted quinazolinone compound is continued through Day 28. The 28 day cycles, as described above, can be continued for as long needed, such as for 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12 months or longer.

In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, in a 28 day cycle, Compound AA is administered alone on Days 1-7 and the substituted quinazolinone compound is administered alone on Days 8-28. Such 28 day cycles can be continued for as long needed, such as for 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12 months or longer.

In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, the substituted quinazolinone compound is administered at an amount of about 2.5 mg to about 50 mg per day (such as about 2.5 mg, about 10 mg, about 15 mg, about 16 mg/day, about 20 mg, about 30 mg or about 45 mg per day) and Compound AA is administered at an amount of about 125 mg to about 1250 mg per day (such as about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day). In certain embodiments, about 2.5 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 10 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 15 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 16 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 20 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 30 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg,

71

about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. In certain embodiments, about 45 mg per day of a substituted quinazolinone compound is administered in combination with about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 375 mg, about 500 mg, about 750 mg, about 1000 mg or about 1250 mg per day of Compound AA. A substituted quinazolinone compound and Compound AA can each be independently administered once (QD), twice (BD) or three times (TID) per day.

In some embodiments, methods provided herein comprise administering to a patient in need thereof a therapeutically effective amount of a substituted quinazolinone compound in combination with Compound AA, wherein the therapeutically effective amount of Compound AA is about 250 mg to about 1250 mg per day. In some embodiments, the therapeutically effective amount of Compound AA is administered as one or more discreet doses. For example, in some embodiments, a therapeutically effective amount of Compound AA is 250 mg per day, wherein the therapeutically effective amount is administered as 125 mg twice daily (BID). In some embodiments, a therapeutically effective amount of Compound AA is 500 mg per day, wherein the therapeutically effective amount is administered as 250 mg twice daily (BID). In some embodiments, a therapeutically effective amount of Compound AA is 750 mg per day, wherein the therapeutically effective amount is administered as 375 mg twice daily (BID). In some embodiments, a therapeutically effective amount of Compound AA is 1000 mg per day, wherein the therapeutically effective amount is administered as 500 mg twice daily (BID).

In some embodiments, methods provided herein comprise administering to a patient in need thereof a therapeutically effective amount of a substituted quinazolinone compound in combination with Compound AA, wherein the therapeutically effective amount of Compound AA is about 125 mg to about 1250 mg per day, or about 125 mg to about 1125 mg per day, or about 125 mg to about 1000 mg per day, or about 125 mg to about 875 mg per day, or about 125 mg to about 750 mg per day, or about 125 mg to about 625 mg per day, or about 125 mg to about 500 mg per day, or about 125 mg to about 375 mg per day, or about 125 mg to about 250 mg per day, or about 250 mg to about 1250 mg per day, or about 250 mg to about 1125 mg per day, or about 250 mg to about 1000 mg per day, or about 250 mg to about 875 mg per day, or about 250 mg to about 750 mg per day, or about 250 mg to about 625 mg per day, or about 250 mg to about 500 mg per day, or about 250 mg to about 375 mg per day, or about 375 mg to about 1250 mg per day, or about 375 mg to about 1125 mg per day, or about 375 mg to about 1000 mg per day, or about 375 mg to about 875 mg per day, or about 375 mg to about 750 mg per day, or about 375 mg to about 625 mg per day, or about 375 mg to about 500 mg per day, or about 500 mg to about 1250 mg per day, or about 500 mg to about 1125 mg per day, or about 500 mg to about 1000 mg per day, or about 500 mg to about 875 mg per day, or about 500 mg to about 750 mg per day, or about 500 mg to about 625 mg per day, or about 625 mg to about 1250 mg per day, or about 625 mg to about 1125 mg per day, or about 625 mg to about 1000 mg per day, or about 625 mg to about 875 mg per day, or about 625 mg to about 750 mg per day, or about 750 mg to about 1250 mg per day, or about 750 mg to about 1125 mg per day, or about 750 mg to about 1000 mg per day, or about 875 mg to about 1250

72

mg per day, or about 875 mg to about 1125 mg per day, or about 875 mg to about 1000 mg per day.

In some embodiments, methods provided herein comprise administering to a patient in need thereof a therapeutically effective amount of a substituted quinazolinone compound in combination with Compound AA, wherein the therapeutically effective amount of Compound AA per day is about 125 mg, 130 mg, 135 mg, 140 mg, 145 mg, 150 mg, 155 mg, 160 mg, 165 mg, 170 mg, 175 mg, 180 mg, 185 mg, 190 mg, 195 mg, 200 mg, 205 mg, 210 mg, 215 mg, 220 mg, 225 mg, 230 mg, 235 mg, 240 mg, 245 mg, 250 mg, 255 mg, 260 mg, 265 mg, 270 mg, 275 mg, 280 mg, 285 mg, 290 mg, 295 mg, 300 mg, 305 mg, 310 mg, 315 mg, 320 mg, 325 mg, 330 mg, 335 mg, 340 mg, 345 mg, 350 mg, 355 mg, 360 mg, 365 mg, 370 mg, 375 mg, 380 mg, 385 mg, 390 mg, 395 mg, 400 mg, 405 mg, 410 mg, 415 mg, 420 mg, 425 mg, 430 mg, 435 mg, 440 mg, 445 mg, 450 mg, 455 mg, 460 mg, 465 mg, 470 mg, 475 mg, 480 mg, 485 mg, 490 mg, 495 mg, 500 mg, 505 mg, 510 mg, 515 mg, 520 mg, 525 mg, 530 mg, 535 mg, 540 mg, 545 mg, 550 mg, 555 mg, 560 mg, 565 mg, 570 mg, 575 mg, 580 mg, 585 mg, 590 mg, 595 mg, 600 mg, 605 mg, 610 mg, 615 mg, 620 mg, 625 mg, 630 mg, 635 mg, 640 mg, 645 mg, 650 mg, 655 mg, 660 mg, 665 mg, 670 mg, 675 mg, 680 mg, 685 mg, 690 mg, 695 mg, 700 mg, 705 mg, 710 mg, 715 mg, 720 mg, 725 mg, 730 mg, 735 mg, 740 mg, 745 mg, 750 mg, 755 mg, 760 mg, 765 mg, 770 mg, 775 mg, 780 mg, 785 mg, 790 mg, 795 mg, 800 mg, 805 mg, 810 mg, 815 mg, 820 mg, 825 mg, 830 mg, 835 mg, 840 mg, 845 mg, 850 mg, 855 mg, 860 mg, 865 mg, 870 mg, 875 mg, 880 mg, 885 mg, 890 mg, 895 mg, 900 mg, 905 mg, 910 mg, 915 mg, 920 mg, 925 mg, 930 mg, 935 mg, 940 mg, 945 mg, 950 mg, 955 mg, 960 mg, 965 mg, 970 mg, 975 mg, 980 mg, 985 mg, 990 mg, 995 mg, 1000 mg, 1005 mg, 1010 mg, 1015 mg, 1020 mg, 1025 mg, 1030 mg, 1035 mg, 1040 mg, 1045 mg, 1050 mg, 1055 mg, 1060 mg, 1065 mg, 1070 mg, 1075 mg, 1080 mg, 1085 mg, 1090 mg, 1095 mg, 1100 mg, 1105 mg, 1110 mg, 1115 mg, 1120 mg, 1125 mg, 1130 mg, 1135 mg, 1140 mg, 1145 mg, 1150 mg, 1155 mg, 1160 mg, 1165 mg, 1170 mg, 1175 mg, 1180 mg, 1185 mg, 1190 mg, 1195 mg, 1200 mg, 1205 mg, 1210 mg, 1215 mg, 1220 mg, 1225 mg, 1230 mg, 1235 mg, 1240 mg, 1245 mg or 1250 mg.

In some embodiments, the methods of treatment provided herein comprise administering to a patient in need thereof about 125 mg BID to about 500 mg BID Compound AA in combination with about 2.5 mg to about 50 mg per day (such as about 2.5 mg, about 10 mg, about 15 mg, about 16 mg/day, about 20 mg, about 30 mg or about 45 mg per day) of a substituted quinazolinone compound. In some embodiments, provided methods comprise administering to a patient in need thereof 375 mg BID to about 500 mg BID Compound AA in combination with about 2.5 mg to about 50 mg (such as about 2.5 mg, about 10 mg, about 15 mg, about 16 mg/day, about 20 mg, about 30 mg or about 45 mg per day) of a substituted quinazolinone compound.

In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, the substituted quinazolinone compound:Compound AA ratio is from about 1:1 to about 1:10. In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, the substituted quinazolinone compound:Compound AA ratio is less than about 1:1, less than about 1:3 or less than about 1:10. In certain embodiments, when a substituted quinazolinone compound is administered in combination with Compound AA, the substituted quinazolinone compound:Compound AA ratio is about 1:1, about 1:3 or about 1:10.

In certain embodiments, the methods provided herein further comprise the administration of an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), in combination with a substituted quinazolinone compound and Compound AA, wherein the amount of an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), administered is about 250 mg/m² to about 500 mg/m² once per 28 days, the amount of a substituted quinazolinone compound administered is about 10 mg to about 40 mg daily and the amount of Compound AA is about 250 mg to about 750 mg BID. In a particular embodiment, the methods provided herein further comprise the administration of an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), in combination with a substituted quinazolinone compound and Compound AA, wherein the amount of an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®), administered is about 375 mg/m² or about 500 mg/m² once per 28 days, the amount of a substituted quinazolinone compound administered is about 20 mg or about 30 mg daily and the amount of Compound AA administered is about 375 mg or about 500 mg BID.

In some embodiments, provided methods comprise administering to a patient in need thereof a pharmaceutical composition comprising rituximab, wherein rituximab is administered as an infusion at a rate of 50 mg/hr. In some embodiments, the infusion rate of rituximab is increased by 50 mg/hr every 30 minutes, to a maximum of 400 mg/hr. In some embodiments, the infusion rate of rituximab is increased by 100 mg/hr every 30 minutes, to a maximum of 400 mg/hr. Accordingly, in some embodiments, the infusion rate of rituximab is 100 mg/hr. In some embodiments, the infusion rate of rituximab is 150 mg/hr. In some embodiments, the infusion rate of rituximab is 200 mg/hr. In some embodiments, the infusion rate of rituximab is 250 mg/hr. In some embodiments, the infusion rate of rituximab is 300 mg/hr. In some embodiments, the infusion rate of rituximab is 350 mg/hr. In some embodiments, the infusion rate of rituximab is 400 mg/hr.

In some embodiments, 375 mg/m² rituximab is administered on cycle 1 day 2, and 500 mg/m² rituximab is administered on cycle 2 day 1. In some embodiments, 375 mg/m² rituximab is administered on cycle 1 day 2, and 500 mg/m² rituximab is administered on each of cycle 2 day 1 and cycle 3 day 1. In some embodiments, 375 mg/m² rituximab is administered on cycle 1 day 2, and 500 mg/m² rituximab is administered on each of cycle 2 day 1, cycle 3 day 1 and cycle 4 day 1. In some embodiments, 375 mg/m² rituximab is administered on cycle 1 day 2, and 500 mg/m² rituximab is administered on each of cycle 2 day 1, cycle 3 day 1, cycle 4 day 1 and cycle 5 day 1. In some embodiments, 375 mg/m² rituximab is administered on cycle 1 day 2, and 500 mg/m² rituximab is administered on each of cycle 2 day 1, cycle 3 day 1, cycle 4 day 1, cycle 5 day 1 and cycle 6 day 1.

In certain embodiments, each of the methods provided herein comprises administering an effective amount of Compound AA (e.g., alone or in the absence of a substituted quinazolinone compound) to a patient having a cancer.

6.6 Pharmaceutical Compositions and Routes of Administration

Provided herein are compositions comprising an effective amount of a substituted quinazolinone compound and an effective amount of Compound AA and compositions comprising an effective amount of a substituted quinazolinone compound and Compound AA and a pharmaceutically acceptable carrier or vehicle.

In some embodiments, the pharmaceutical compositions described herein are suitable for oral, parenteral, mucosal, transdermal or topical administration.

The compositions can be administered to a patient orally or parenterally in the conventional form of preparations, such as capsules, microcapsules, tablets, granules, powder, troches, pills, suppositories, injections, suspensions and syrups. Suitable formulations can be prepared by methods commonly employed using conventional, organic or inorganic additives, such as an excipient (e.g., sucrose, starch, mannitol, sorbitol, lactose, glucose, cellulose, talc, calcium phosphate or calcium carbonate), a binder (e.g., cellulose, methylcellulose, hydroxymethylcellulose, polypropylpyrrolidone, polyvinylpyrrolidone, gelatin, gum arabic, polyethyleneglycol, sucrose or starch), a disintegrator (e.g., starch, carboxymethylcellulose, hydroxypropylstarch, low substituted hydroxypropylcellulose, sodium bicarbonate, calcium phosphate or calcium citrate), a lubricant (e.g., magnesium stearate, light anhydrous silicic acid, talc or sodium lauryl sulfate), a flavoring agent (e.g., citric acid, menthol, glycine or orange powder), a preservative (e.g., sodium benzoate, sodium bisulfate, methylparaben or propylparaben), a stabilizer (e.g., citric acid, sodium citrate or acetic acid), a suspending agent (e.g., methylcellulose, polyvinyl pyrrolidone or aluminum stearate), a dispersing agent (e.g., hydroxypropylmethylcellulose), a diluent (e.g., water), and base wax (e.g., cocoa butter, white petrolatum or polyethylene glycol). The effective amount of the substituted quinazolinone compound in the pharmaceutical composition may be at a level that will exercise the desired effect; for example, about 0.005 mg/kg of a patient's body weight to about 10 mg/kg of a patient's body weight in unit dosage for both oral and parenteral administration.

The dose of a substituted quinazolinone compound and the dose of Compound AA to be administered to a patient is rather widely variable and can be subject to the judgment of a health-care practitioner. In general, the substituted quinazolinone compound and Compound AA can be administered one to four times a day in a dose of about 0.005 mg/kg of a patient's body weight to about 10 mg/kg of a patient's body weight in a patient, but the above dosage may be properly varied depending on the age, body weight and medical condition of the patient and the type of administration. In one embodiment, the dose is about 0.01 mg/kg of a patient's body weight to about 5 mg/kg of a patient's body weight, about 0.05 mg/kg of a patient's body weight to about 1 mg/kg of a patient's body weight, about 0.1 mg/kg of a patient's body weight to about 0.75 mg/kg of a patient's body weight or about 0.25 mg/kg of a patient's body weight to about 0.5 mg/kg of a patient's body weight. In one embodiment, one dose is given per day. In any given case, the amount of the substituted quinazolinone compound administered will depend on such factors as the solubility of the active component, the formulation used and the route of administration.

In another embodiment, provided herein are unit dosage formulations that comprise between about 1 mg and about 2000 mg, about 1 mg and about 200 mg, about 35 mg and about 1400 mg, about 125 mg and about 1000 mg, about 250 mg and about 1000 mg, about 500 mg and about 1000 mg, about 1 mg to about 30 mg, about 1 mg to about 25 mg or about 2.5 mg to about 20 mg of a substituted quinazolinone compound alone or in combination with Compound AA. In another embodiment, provided herein are unit dosage formulations that comprise 1 mg, 2.5 mg, 5 mg, 7.5 mg, 8 mg, 10 mg, 15 mg, 20 mg, 30 mg, 35 mg, 45 mg, 50 mg, 70 mg, 100 mg, 125 mg, 140 mg, 175 mg, 200 mg, 250 mg, 280 mg, 350 mg, 500 mg, 560 mg, 700 mg, 750 mg, 1000 mg or 1400 mg

of a substituted quinazolinone compound alone or in combination with Compound AA. In another embodiment, provided herein are unit dosage formulations that comprise about 2.5 mg, about 7.5 mg, about 8 mg, about 10 mg, about 15 mg, about 20 mg, about 30 mg or about 45 mg of a substituted quinazolinone compound alone or in combination with Compound AA.

In a particular embodiment, provided herein are unit dosage formulations comprising about 7.5 mg, about 8 mg, about 10 mg, about 15 mg, about 30 mg, about 45 mg, about 50 mg, about 75 mg, about 100 mg or about 400 mg of a substituted quinazolinone compound in combination with Compound AA. In a particular embodiment, provided herein are unit dosage formulations comprising about 5 mg, about 7.5 mg or about 10 mg of a substituted quinazolinone compound in combination with Compound AA.

In certain embodiments, provided herein are unit dosage formulations comprising about 25 mg, about 50 mg, about 75 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg or about 250 mg of Compound AA alone or in combination with a substituted quinazolinone compound.

In certain embodiments, provided herein are unit dosage formulations wherein the substituted quinazolinone compound:Compound AA ratio is from about 1:1 to about 1:10. In certain embodiments, provided herein are unit dosage formulations wherein the substituted quinazolinone compound:Compound AA ratio is less than about 1:1, less than about 1:3 or less than about 1:10. In certain embodiments, provided herein are unit dosage formulations wherein the substituted quinazolinone compound:Compound AA ratio is about 1:1, about 1:3 or about 1:10.

A substituted quinazolinone compound can be administered in combination with Compound AA once, twice, three, four or more times daily.

A substituted quinazolinone compound can be administered in combination with Compound AA orally for reasons of convenience. In one embodiment, when administered orally, a substituted quinazolinone compound in combination with Compound AA is administered with a meal and water. In another embodiment, the substituted quinazolinone compound in combination with Compound AA is dispersed in water or juice (e.g., apple juice or orange juice) and administered orally as a suspension. In another embodiment, when administered orally, a substituted quinazolinone compound in combination with Compound AA is administered in a fasted state.

The substituted quinazolinone compound can also be administered in combination with Compound AA intravenously, such as intravenous infusion, or subcutaneously, such as subcutaneous injection. The mode of administration is left to the discretion of the health-care practitioner, and can depend in-part upon the site of the medical condition.

In one embodiment, provided herein are capsules containing a substituted quinazolinone compound in combination with Compound AA without an additional carrier, excipient or vehicle.

In another embodiment, provided herein are compositions comprising an effective amount of a substituted quinazolinone compound, an effective amount of Compound AA, and a pharmaceutically acceptable carrier or vehicle, wherein a pharmaceutically acceptable carrier or vehicle can comprise an excipient, diluent, or a mixture thereof. In one embodiment, the composition is a pharmaceutical composition.

The compositions can be in the form of tablets, chewable tablets, capsules, solutions, parenteral solutions, troches, suppositories and suspensions and the like. Compositions can be

formulated to contain a daily dose, or a convenient fraction of a daily dose, in a dosage unit, which may be a single tablet or capsule or convenient volume of a liquid. In one embodiment, the solutions are prepared from water-soluble salts, such as the hydrochloride salt. In general, all of the compositions are prepared according to known methods in pharmaceutical chemistry. Capsules can be prepared by mixing a substituted quinazolinone compound with a suitable carrier or diluent and filling the proper amount of the mixture in capsules. The usual carriers and diluents include, but are not limited to, inert powdered substances such as starch of many different kinds, powdered cellulose, especially crystalline and microcrystalline cellulose, sugars such as fructose, mannitol and sucrose, grain flours and similar edible powders.

Tablets can be prepared by direct compression, by wet granulation, or by dry granulation. Their formulations usually incorporate diluents, binders, lubricants and disintegrators as well as the compound. Typical diluents include, for example, various types of starch, lactose, mannitol, kaolin, calcium phosphate or sulfate, inorganic salts such as sodium chloride and powdered sugar. Powdered cellulose derivatives are also useful. In one embodiment, the pharmaceutical composition is lactose-free. Typical tablet binders are substances such as starch, gelatin and sugars such as lactose, fructose, glucose and the like. Natural and synthetic gums are also convenient, including acacia, alginates, methylcellulose, polyvinylpyrrolidone and the like. Polyethylene glycol, ethylcellulose and waxes can also serve as binders. Illustrative tablet formulations comprising compound provided herein are provided herein.

A lubricant might be necessary in a tablet formulation to prevent the tablet and punches from sticking in the die. The lubricant can be chosen from such slippery solids as talc, magnesium and calcium stearate, stearic acid and hydrogenated vegetable oils. Tablet disintegrators are substances that swell when wetted to break up the tablet and release the compound. They include starches, clays, celluloses, alginates and gums. More particularly, corn and potato starches, methylcellulose, agar, bentonite, wood cellulose, powdered natural sponge, cation-exchange resins, alginic acid, guar gum, citrus pulp and carboxymethyl cellulose, for example, can be used as well as sodium lauryl sulfate. Tablets can be coated with sugar as a flavor and sealant, or with film-forming protecting agents to modify the dissolution properties of the tablet. The compositions can also be formulated as chewable tablets, for example, by using substances such as mannitol in the formulation.

When it is desired to administer a substituted quinazolinone compound in combination with Compound AA as a suppository, typical bases can be used. Cocoa butter is a traditional suppository base, which can be modified by addition of waxes to raise its melting point slightly. Water-miscible suppository bases comprising, particularly, polyethylene glycols of various molecular weights are in wide use.

The effect of the substituted quinazolinone compound in combination with Compound AA can be delayed or prolonged by proper formulation. For example, a slowly soluble pellet of the substituted quinazolinone compound in combination with Compound AA can be prepared and incorporated in a tablet or capsule, or as a slow-release implantable device. The technique also includes making pellets of several different dissolution rates and filling capsules with a mixture of the pellets. Tablets or capsules can be coated with a film that resists dissolution for a predictable period of time. Even the parenteral preparations can be made long-acting, by dissolving or suspending the substituted quinazolinone compound in

combination with Compound AA in oily or emulsified vehicles that allow it to disperse slowly in the serum.

In some embodiments, a pharmaceutically acceptable composition comprising Compound AA comprises from about 5% to about 60% of Compound AA, or a pharmaceutically acceptable salt thereof, based upon total weight of the composition. In some embodiments, a pharmaceutically acceptable composition comprising Compound AA comprises from about 5% to about 15% or about 7% to about 15% or about 7% to about 10% or about 9% to about 12% of Compound AA, based upon total weight of the composition. In some embodiments, provided methods comprise administering to a patient in need thereof a pharmaceutically acceptable composition comprising from about 25% to about 75% or about 30% to about 60% or about 40% to about 50% or about 40% to about 45% of Compound AA, based upon total weight of the formulation. In certain embodiments, provided regimens comprise administering to a patient in need thereof a pharmaceutically acceptable composition comprising from about 6%, about 7%, about 8%, about 9%, about 10%, about 11%, about 12%, about 13%, about 20%, about 30%, about 40%, about 41%, about 42%, about 43%, about 44%, about 45%, about 50%, about 60%, about 70%, or about 75% of Compound AA, based upon total weight of given composition or formulation.

In certain embodiments, the substituted quinazolinone compound is administered in a formulation set forth in U.S. Non-Provisional application Ser. No. 13/689,972, filed Nov. 30, 2013, which is incorporated herein in its entirety (see particularly page 76, paragraph [00247] to page 93, paragraph [00348] and page 152, paragraph [00513] to page 168, paragraph [00531]).

6.7 Kits

In certain embodiments, provided herein are kits comprising a substituted quinazolinone compound and Compound AA.

In certain embodiments, provided herein are kits comprising one or more unit dosage forms of a substituted quinazolinone compound, such as those described herein, and one or more unit dosage forms of Compound AA, such as those described herein.

In some embodiments, the kits described herein additionally comprise an anti-CD-20 antibody, for example, rituximab (Rituxan® or MabThera®).

In certain embodiments, the kits provided herein further comprise instructions for use, such as for administering a substituted quinazolinone compound and Compound AA.

7. EXAMPLES

7.1 In Vivo Assays

DLBCL Xenograft Model. Human DLBCL (WSU-DLCL2) cancer cell lines are injected into SCID (severe combined immunodeficiency) mice. Cancer cell lines are propagated in culture *in vitro*. Tumor bearing animals are generated by injecting 1×10^6 cells into mice. Following inoculation of animals, the tumors are allowed to grow to a certain size prior to randomization. The mice bearing xenograft tumors ranging between 100 and 400 mm³ are pooled together and randomized into various treatment groups. A substituted quinazolinone compound and Compound AA (and optionally an anti-CD20 antibody, for example, rituximab (Rituxan® or MabThera®)) are administered at various dose levels to tumor-bearing mice. Addi-

tionally, reference chemotherapeutic agents such as CHOP therapy (combination of cyclophosphamide, doxorubicin, vincristine and prednisone) and negative controls are included in the study. Routes of administration can include subcutaneous (SC), intraperitoneal (IP), intravenous (IV), intramuscular (IM) and oral (PO). Tumor measurements and body weights are taken over the course of the study and morbidity and mortality are recorded. Tumors are measured twice a week using calipers and tumor volumes calculated using the formula of $W^2 \times L/2$.

OCI-Ly10 DLBCL Xenograft Model. OCI-Ly10 cells are derived from a diffuse-large B-cell lymphoma, a type of non-Hodgkins lymphoma. In brief, female CB.17 SCID mice are inoculated with 5×10^6 OCI-Ly10 cells subcutaneously, and tumor are allowed to grow to approximately 50-300 mm³. The mice bearing xenograft with similarly sized tumors are pooled together and randomized into various treatment groups. A typical efficacy study design involves administering one or more compounds at various dose levels and schedules, based on prior single agent studies, to tumor-bearing mice. Tumor volume is measured biweekly for approximately 28 days of treatment using calipers, and tumor volume is calculated using standard methods, for example, using the formula of $W^2 \times L/2$. Tumor volume can optionally be measured further post-treatment. Statistical analysis will be performed using standard statistical methods.

7.2 In Vitro DLBCL Cell Thymidine Incorporation Assay

Cells were plated in 96-well plates at standard cell density. Compound dilutions were made in 10× the required final concentration in 1 mL of media. Dilutions (1:2) were made into 1.0% DMSO/media. For single treatment, 10 μL of compound in 1% DMSO and 10 μL 1% DMSO in media were added to cells so that the final volume was 100 μL and [DMSO] = 0.2%. For combination treatments, 10 μL of the two compounds each in 1% DMSO was added to the cells so that the final volume was also 100 μL and final [DMSO] = 0.2% in triplicate at 37° C. in a humidified incubator at 5% CO₂ for 72 hours. One microcurie of ³H-thymidine (Amersham) was added to each well and cells were incubated again at 37° C. in a humidified incubator at 5% CO₂ for 6 hours. The cells were harvested onto UniFilter GF/C filter plates (Perkin Elmer) using a cell harvester (Tomtec) and the plates were allowed to dry overnight. Microscint 20 (Packard) (25 μL/well) was added and plates were analyzed in TopCount NXT (Packard). Each well was counted for one minute. The percentage inhibition of cell proliferation was calculated by averaging all triplicates and normalizing to the DMSO control (0% inhibition). Final IC₅₀ values were calculated using non-linear regression, sigmoidal dose-response, constraining the top to 100% and bottom to 0%, allowing variable slope using GraphPad Prism.

Cells were treated with either compound 1, compound AA, or a combination thereof, for 5 days at 37° C.; proliferation of cells was determined using ³H-thymidine incorporation method. Results of 3 independent experiments are shown (mean±SD) in FIG. 1-4. The combination of compound 1 and compound AA resulted in a significantly ($p < 0.05$) decreased viability of several lines of DLBCL cells, as compared to treatment with either compound 1 or compound AA alone. Particularly, synergistic effects were observed in SUDHL6, HT, WSU-DLCL2, and Karpas 422 cell lines.

7.3 Compound Formulations

Illustrative formulations of Compound AA useful in the methods provided herein are set forth in Table 1, below.

TABLE 1

Components of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide besylate capsules				
Component	First Generation Capsules		Second Generation Capsules	
	Amount per 25 mg Capsule	Amount per 125 mg Capsule	Amount per 25 mg Capsule	Amount per 125 mg Capsule
Capsule shell	1, size 0 dark green capsule	1, size 0 white capsule	1, size 0 white capsule	1, size 0 white capsule
N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide besylate	34.97 mg (25 mg free base)	174.86 mg (125 mg free base)	34.97 mg (25 mg free base)	174.30 mg (125 mg free base)
Microcrystalline cellulose	186.03 mg	105.27 mg	186.03 mg	101.68 mg
Lactose monohydrate	32.50 mg	41.50 mg	32.50 mg	41.50 mg
Sodium starch glycolate	32.50 mg	41.50 mg	32.50 mg	41.50 mg
Poloxamer 407	32.50 mg	41.50 mg	32.50 mg	41.50 mg
Fumed silica	3.25 mg	4.15 mg	3.25 mg	4.15 mg
Magnesium stearate	3.25 mg [†]	6.23 mg [^]	3.25 mg [†]	10.38 mg [‡]

[†]0.5% (1.625 mg) intragranular; 0.5% (1.625 mg) extragranular.

[^]0.5% (2.08 mg) intragranular; 1.0% (4.15 mg) extragranular.

[‡]2.0% (8.30 mg) intragranular; 0.5% (2.08 mg) extragranular.

7.4 Clinical Protocols

A Phase 1B, Multi-center, Open-label Study of Combinations of Compound A and Compound AA, and Optionally Rituximab in Diffuse Large B Cell Lymphoma. This study is a Phase 1B, multi-center, open-label study of Compound A (3-(5-Amino-2-methyl-4-oxoquinazolin-3(4H)-yl)-piperidine-2,6-dione) and Compound AA (N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide) when administered in combination, and optionally in further combination with rituximab, in subjects having Diffuse Large B cell Lymphoma (DLBCL).

The primary objective of the study is to determine the safety and tolerability of Compound A and Compound AA, when administered orally as doublets and in combination with rituximab, and to define the non-tolerated dose (NTD) and the maximum tolerated dose (MTD) of each combination. The secondary objectives of the study are to provide information on the preliminary efficacy of each drug combination and to characterize the pharmacokinetics (PK) of Compound A and Compound AA following oral administration as single agents and after combination treatment to assess drug-drug interactions.

Study Design. This study is a phase 1B dose escalation clinical study of Compound A and Compound AA administered orally as doublets, and as triplets in combination with rituximab, in subjects with relapsed/refractory DLBCL who have failed at least one line of standard therapy. The study will explore two drug doses for each novel agent using a standard 3+3 dose escalation design with higher dose cohorts including the addition of a fixed dose of rituximab. Treatment arms are Compound A+Compound AA+/-rituximab.

All treatments will be administered in 28-day cycles. Compound A and Compound AA are administered orally on continuous dosing schedules either once daily (QD) or twice daily (BID) on days 1-28 of each 28-day cycle. Rituximab, when included in the regimen, will employ a standard fixed dose (375 mg/m²) administered intravenously (IV) on Day 1 of each 28-day cycle only. Both compounds will be explored at two dose levels including: Compound A (2.0 and 3.0 mg QD) and Compound AA (375 and 500 mg BID). The highest two doublet dose levels will explore the doublets with and without rituximab.

25

A standard “3+3” dose escalation design will be used to identify initial toxicity of each combination. Subjects will be assigned to study treatment arms based on Investigator choice and open slots. Cohorts of 3 subjects will take study drugs in defined dose increments and, in the event of dose-limiting toxicity (DLT) in 1 of 3 evaluable subjects, cohorts will be expanded to 6 subjects.

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An evaluable subject for DLT is defined as one that received at least 80% of the planned doses of Compound A or Compound AA during Cycle 1; received at least 80% of the planned dose of rituximab during Cycle 1 (in rituximab containing cohorts only); and experienced study drug-related DLT after receiving at least one dose of any study drug. Non-evaluable subjects not due to DLT will be replaced. Additional subjects within any dose cohort may be enrolled at the discretion of the Safety Review Committee (SRC).

A dose will be considered the non-tolerated dose (NTD) when 2 of 6 evaluable subjects in a cohort experience drug-related DLT in Cycle 1. The maximum tolerated dose (MTD) is defined as the last dose level below the NTD with 0 or 1 out of 6 evaluable subjects experiencing DLT during Cycle 1. If 2 of 6 DLT are observed at the first dose level with either combination, a lower dose combination may be explored at the discretion of the SRC.

Following completion of dose escalation, selected combination treatment arms may be expanded up to approximately 20 subjects per arm. Expansion may occur at the MTD established in the dose escalation phase, or at an alternative tolerable combination dose level, based on review of study data.

Paired tumor biopsies for analysis of genetic abnormalities, gene expression and biomarkers of treatment activity are optional in the dose escalation phase but mandatory during the dose expansion phase.

The study population will consist of men and women, 18 years or older, with relapsed or refractory DLBCL, with disease progression following at least one standard first-line treatment regimen. Prior autologous stem cell transplant (greater than 3 months prior to enrollment) is allowed.

Enrollment is expected to take approximately 24 months (18 months for dose escalation, 6 months for expansion). Completion of active treatment and post-treatment follow-up

81

is expected to take 6-12 additional months. The entire study is expected to last approximately 3 years.

Dose levels to be explored in this Phase 1b study are shown below:

Dose	Cpd A (mg/bid daily)	Cpd AA (mg daily)	Ritux (mg/m ² D1q28)
1	2	375	
2a	2	500	
2b	2	500	375
3a	3	500	
3b	3	500	375

If unacceptable toxicity occurs at dose level 1, one starting dose reduction for Compound A (1 mg QD) and Compound 1 (15 mg QD) is allowed. No starting dose reductions for Compound AA are planned. Dose levels 2b (doublet+rituximab) and 3a (dose escalation of doublet without rituximab) may be enrolled concurrently once dose level 2a (doublet) has been cleared. Both dose levels 2b and 3a must be cleared to move to dose level 3b.

Compound A and Compound AA will be dosed daily and rituximab will be dosed on Day 1 of each 28-day cycle. For both the dose escalation and expansion phases, slight modifications to the dosing schedule will occur during Cycle 1 in order to facilitate PK and PD evaluation of each drug alone and in combination. Starting with Cycle 2 and thereafter, all oral drugs will start on Day 1 and continue through Day 28 and rituximab will be administered on Day 1.

Administration of study drugs during Cycle 1 is as the following: Compound A will be initiated on Cycle 1 Day 1 followed by PK and PD sampling and continue through Day 28. Compound AA will be initiated on Cycle 1 Day 2 and continue through Day 28. Rituximab will be administered on Cycle 1 Day 8.

After the first dose is administered on Day 1 in any cohort, subjects will be observed for at least 28 days before the next higher protocol-specified dose cohort can begin. Intra-subject dose escalation of study drugs is not permitted during Cycle 1 but may be permitted in cycles beyond Cycle 1 if approved by the SRC. Dose reduction and temporary interruption of one or both drugs due to toxicity is allowed, but dose reduction during Cycle 1 will constitute DLT.

Study treatment may be discontinued if there is evidence of disease progression, unacceptable toxicity or subject/physician decision to withdraw. Subjects may continue to receive study drugs beyond disease progression at the discretion of the Investigator.

The estimated total number of subjects to be enrolled during dose escalation is approximately 50 to 100, depending on cohort size. Approximately 30 to 60 additional subjects (10-20 per selected regimen) will be evaluated for safety, PK, PD, and preliminary antitumor effects during the expansion phase.

Subjects will be evaluated for efficacy after every 2 cycles through Cycle 6, every 3 cycles through Cycle 12 and every 6 months thereafter. All treated subjects will be included in the efficacy analyses. The primary efficacy variable is tumor response rate. Tumor response will be determined by the Investigator, based on International Workshop Criteria (IWC) for NHL/DLBCL.

The safety variables for this study include adverse events (AEs), safety clinical laboratory variables, 12-lead electrocardiograms (ECGs), left ventricular ejection fraction (LVEF) assessments, physical examinations, vital signs,

82

exposure to study treatment, assessment of concomitant medications, and pregnancy testing for females of child bearing potentials (FCBP).

During dose escalation, the decision to either evaluate a higher dose level or declare an MTD will be determined by the SRC, based on their review of all available clinical and laboratory safety data for a given dose cohort.

The SRC will also select the dose and schedule of treatment regimens of interest for cohort expansion. One or more regimens may be selected for cohort expansion. The SRC will continue to review safety data regularly throughout the study and make recommendations about study continuation and dose modification, as appropriate.

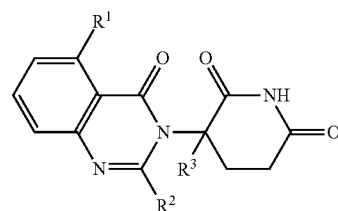
The concentration-time profiles of Compound A and Compound AA will be determined from serial blood samples collected after administration of study drugs as single agents and after combination treatment.

The effect of Compound AA on Compound A PK will be assessed. Systemic exposure of Compound A and Compound AA will be correlated with safety, PD and activity outcomes.

A number of references have been cited, the disclosures of which are incorporated herein by reference in their entirety. The embodiments disclosed herein are not to be limited in scope by the specific embodiments disclosed in the examples which are intended as illustrations of a few aspects of the disclosed embodiments and any embodiments that are functionally equivalent are encompassed by the present disclosure. Indeed, various modifications of the embodiments disclosed herein are in addition to those shown and described herein will become apparent to those skilled in the art and are intended to fall within the scope of the appended claims.

What is claimed is:

1. A method for treating a cancer, comprising administering an effective amount of a substituted quinazolinone compound of formula (I):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R¹ is: halo; —(CH₂)_nOH; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or —(CH₂)_nNHR^a, wherein R^a is: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; —(CH₂)_n-(6 to 10 membered aryl); —C(O)—(CH₂)_n-(6 to 10 membered aryl) or —C(O)—(CH₂)_n-(6 to 10 membered heteroaryl), wherein the aryl or heteroaryl is optionally substituted with one or more of: halo; —SCF₃; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo; —C(O)—(C₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo; —C(O)—(CH₂)_n-(C₃-C₁₀-cycloalkyl); —C(O)—(CH₂)_n—NR^bR^c, wherein R^b and R^c are each independently: hydrogen; (C₁-C₆)alkyl, optionally substituted with one or more halo; (C₁-C₆)alkoxy, optionally substituted with one or more halo; or 6 to 10 membered aryl, optionally

83

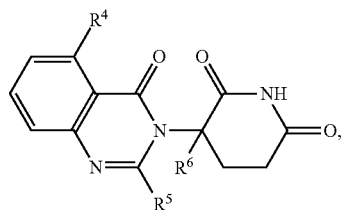
substituted with one or more of: halo; (C₁-C₆)alkyl, itself optionally substituted with one or more halo; or (C₁-C₆)alkoxy, itself optionally substituted with one or more halo; —C(O)—(CH₂)_n—O—(C₁-C₆)alkyl; or —C(O)—(CH₂)_n—(6 to 10 membered aryl);

R² is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R³ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2; or

a substituted quinazolinone compound of formula (II):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

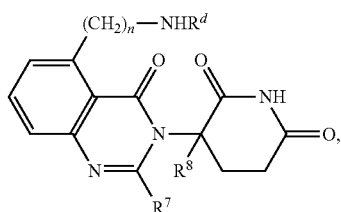
R⁴ is: halo; —(CH₂)_nOH; (C₁-C₆)alkyl, optionally substituted with one or more halo; or (C₁-C₆)alkoxy, optionally substituted with one or more halo;

R⁵ is: hydrogen; —(CH₂)_nOH; —O—(C₁-C₆)alkyl, or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R⁶ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2; or

a substituted quinazolinone compound of formula (III):



and pharmaceutically acceptable salts, solvates, and stereoisomers thereof, wherein:

R^d is:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo;

—C(O)—(CH₁-C₈)alkyl, wherein the alkyl is optionally substituted with one or more halo;

—C(O)—(CH₂)_n—(C₃-C₁₀-cycloalkyl);

—C(O)—(CH₂)_n—NR^eR^f, wherein R^e and R^f are each independently:

hydrogen;

(C₁-C₆)alkyl, optionally substituted with one or more halo; or

(C₁-C₆)alkoxy, optionally substituted with one or more halo; or

—C(O)—(CH₂)_n—O—(C₁-C₆)alkyl;

84

R⁷ is: hydrogen; —(CH₂)_nOH; phenyl; —O—(C₁-C₆)alkyl; or (C₁-C₆)alkyl, optionally substituted with one or more halo;

R⁸ is: hydrogen; or (C₁-C₆)alkyl, optionally substituted with one or more halo; and

n is 0, 1, or 2 in combination with an effective amount of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide, or a pharmaceutically acceptable salt thereof, to a patient having a cancer.

2. The method of claim 1, wherein the cancer is a blood born cancer.

3. The method of claim 2, wherein the blood born cancer is a lymphoma, a leukemia or a multiple myeloma.

4. The method of claim 3, wherein the lymphoma is non-Hodgkin's lymphoma.

5. The method of claim 4, wherein the non-Hodgkin's lymphoma is diffuse large B-cell lymphoma (DLBCL), follicular lymphoma (FL), acute myeloid leukemia (AML), mantle cell lymphoma (MCL), or ALK+anaplastic large cell lymphoma.

6. The method of claim 4, wherein the non-Hodgkin's lymphoma is diffuse large B-cell lymphoma (DLBCL).

7. The method of claim 3, wherein the lymphoma is a B-cell lymphoma.

8. The method of claim 7, wherein the B-cell lymphoma is a B-cell non-Hodgkin's lymphoma selected from diffuse large B-cell lymphoma, Burkitt's lymphoma/leukemia, mantle cell lymphoma, mediastinal (thymic) large B-cell lymphoma, follicular lymphoma, marginal zone lymphoma, and lymphoplasmacytic lymphoma/Waldenstrom macroglobulinemia.

9. The method of claim 8, wherein the B-cell non-Hodgkin's lymphoma is refractory B-cell non-Hodgkin's lymphoma.

10. The method of claim 8, wherein the B-cell non-Hodgkin's lymphoma is relapsed B-cell non-Hodgkin's lymphoma.

11. The method of claim 7, wherein the B-cell lymphoma is chronic lymphocytic leukemia or small lymphocytic lymphoma.

12. The method of claim 8, wherein diffuse large B-cell lymphoma is germinal center B-cell-like diffuse large B-cell lymphoma or activated B-cell-like diffuse large B-cell lymphoma.

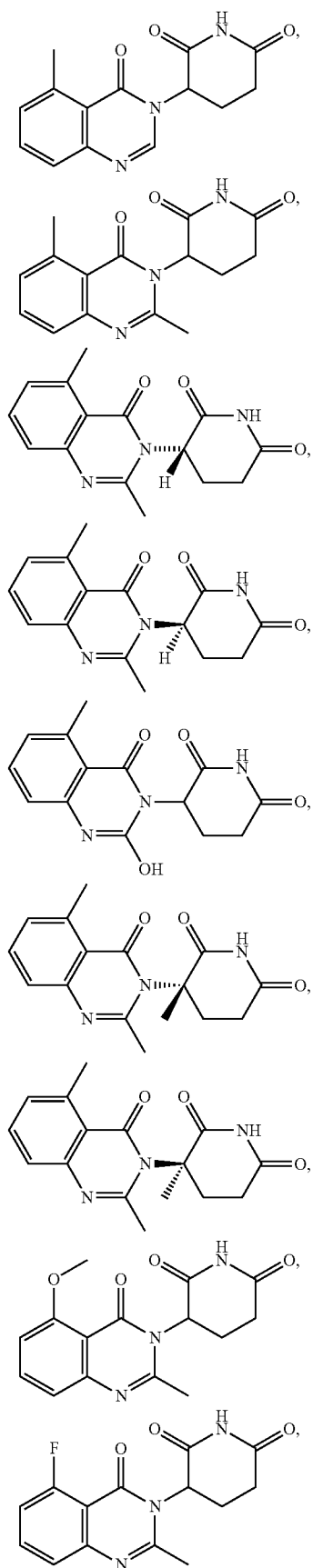
13. The method of claim 3, wherein the lymphoma is a T-cell lymphoma.

14. The method of claim 1, wherein the cancer is a cancer of the head, neck, eye, mouth, throat, esophagus, bronchus, larynx, pharynx, chest, bone, lung, colon, rectum, stomach, prostate, urinary bladder, uterine, cervix, breast, ovaries, testicles or other reproductive organs, skin, thyroid, blood, lymph nodes, kidney, liver, pancreas, and brain or central nervous system.

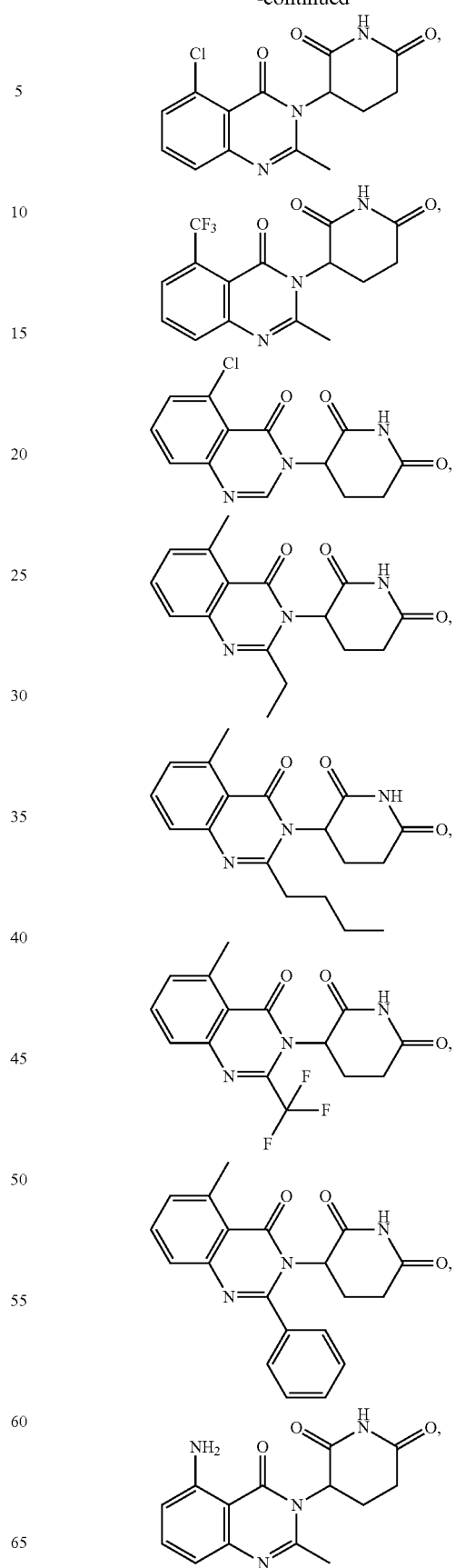
15. The method of claim 1, wherein the cancer is a cancer associated with the pathways involving mTOR, PI3K, or Akt kinases and mutants or isoforms thereof.

16. The method of claim 1, wherein the substituted quinazolinone compound is administered in combination with a besylate salt of N-(3-(5-fluoro-2-(4-(2-methoxyethoxy)phenylamino)pyrimidin-4-ylamino)phenyl)acrylamide.

17. The method of claim 1, wherein the substituted quinazolinone compound is

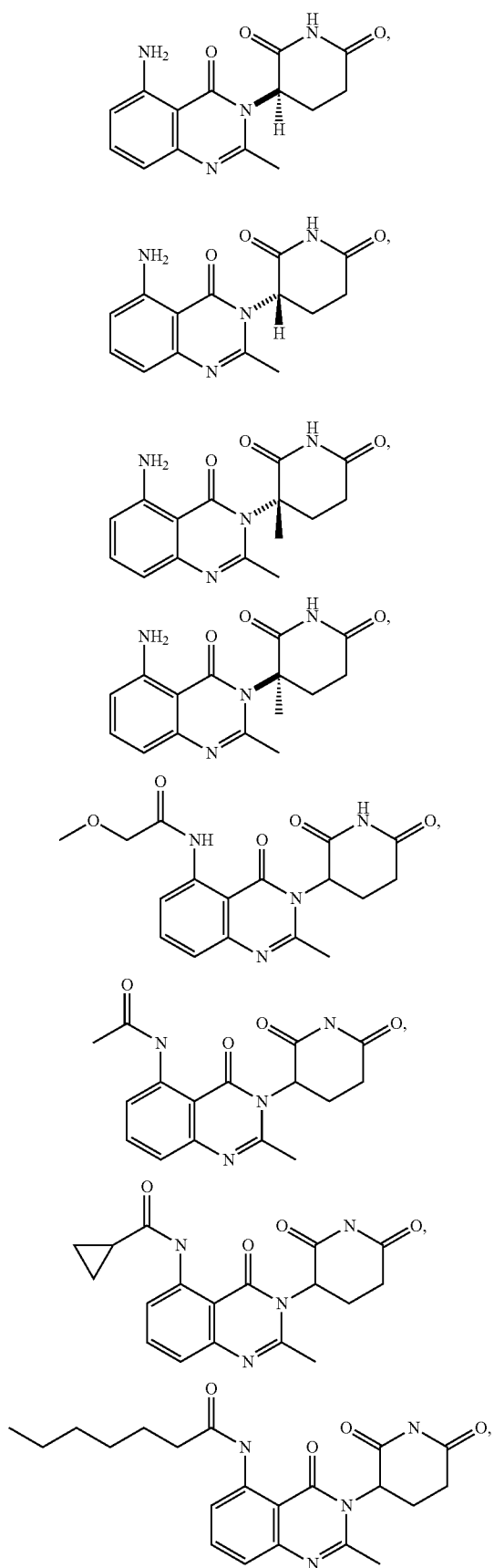
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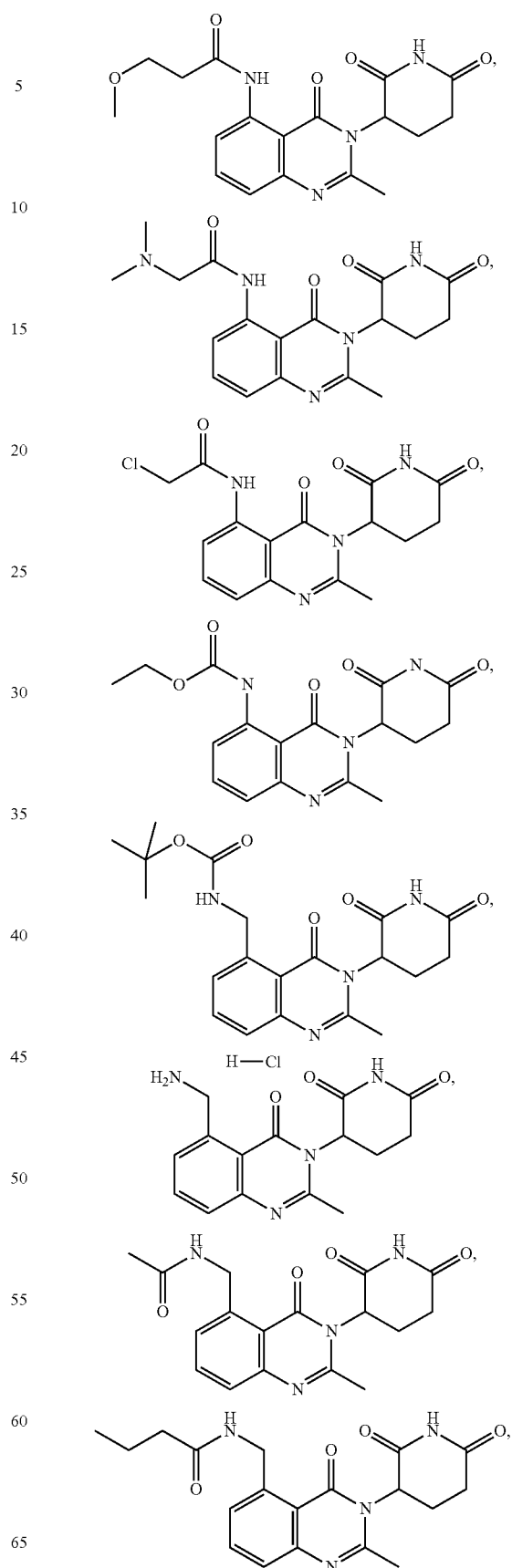


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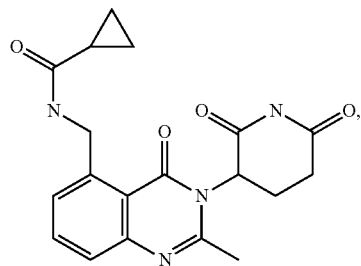
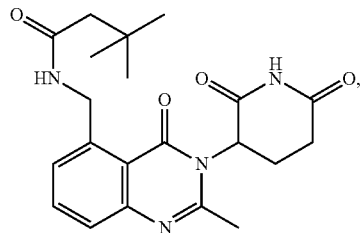
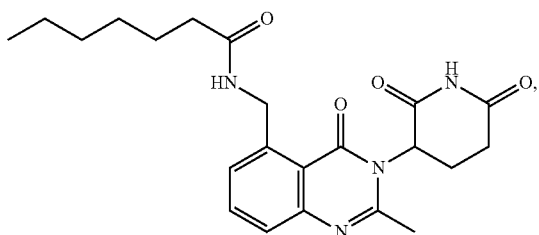
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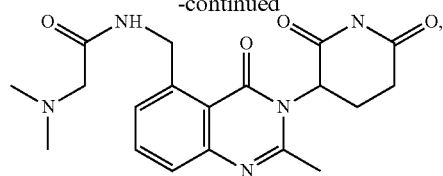


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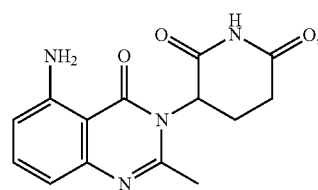


5 or a pharmaceutically acceptable salt, solvate, or stereoisomer thereof.

10 **18.** The method of claim **1**, further comprising the administration of an anti-CD20 antibody.

15 **19.** The method of claim **18**, wherein anti-CD20 antibody is rituximab.

20. The method of claim **17**, wherein the substituted quinazolinone compound is:



20 or a pharmaceutically acceptable salt, solvate, or stereoisomer thereof.

25 **21.** The method of claim **20**, further comprising the administration of an anti-CD20 antibody.

30 **22.** The method of claim **21**, wherein anti-CD20 antibody is rituximab.

* * * * *